FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S12052 **(4)**

1. Corporation Name

HOWARD SOCHUREK, INC.

Principal Place of Business	Mailing Address
25 SEABREEZE AVENUE DELRAY BEACH FL 33483	25 SEABREEZE AVENUE DELRAY BEACH FL 33483

2. Principal Place of Business	2a. Mailing Address
21 5450 Old Ocean Blvd.	26 5450 Old Ocean Blvd.
Suite, Apt. #, etc. 22 #7	Suite, Apt. #, etc. 27 #7
City & State 23 Ocean Ridge, FL 33435	City & State 28 Ocean Ridge, FL 33435
Zip 24 33435 Country 25 USA	Zip 29 33435 Country 30 USA

3. Date Incorporated or Qualified: 11/08/1990
3a. Date of Last Report: 01/18/1995
4. FEI Number: 13-2646194 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOCHUREK, HOWARD
25 SEABREEZE AVENUE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	[ ] DELETE	1.1 TITLE	Pres., Sec., Treas. (XX Change) ☐ Addition
NAME	SOCHUREK, TATIANA		1.2 NAME	Sochurek, Tatiana
STREET ADDRESS	~~25 SEABREEZE AVE~~		1.3 STREET ADDRESS	5450 Old Ocean Blvd., #7
CITY-ST-ZIP	~~DELRAY BEACH FL~~		1.4 CITY-ST-ZIP	Ocean Ridge, Florida 33435
TITLE		[ ] DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tatiana Sochurek 1/25/96 (407) 739-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tatiana Sochurek, President 1/25/96 (407) 739-9990

CR2E034 (12/95)