

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 # S70113 (3)

1. Corporation Name

SUBIES BLANDINGS, INC.



Principal Place of Business

Mailing Address

348 BLANDINGS BLVD
JACKSONVILLE FL 32073
US

413 POINCIANA DR.
HALLANDALE FL 33009-6537
US

3. Date Incorporated or Qualified

07/29/1991

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 26 3600 W. COMMERCIAL BLVD

4. FET Number

65-0282967

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 27 SUITE 214

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 28 FT. LAUDERDALE, FLA

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 25 29 30 32256 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTSOCAS, KIKI
3600 W COMMERCIAL BOULEVARD
SUITE 214
FT. LAUDERDALE FL 33309

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DST
STREET ADDRESS BARTSOCAS, KIKI
CITY-ST-ZIP 413 POINCIANA DR.
JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME DP
STREET ADDRESS BARTSOCAS, GUS
CITY-ST-ZIP 413 POINCIANA DR.
JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME DVP
STREET ADDRESS BARTSOCAS, PERRY
CITY-ST-ZIP 413 POINCIANA DR.
JACKSONVILLE FL

3.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KIKI BARTSOCAS

4-4-96 454-485-5110

CR2E034 (12/95)