

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000007919 (1)

1. Corporation Name

4206, INC.



Principal Place of Business

Mailing Address

2519 NORTH OCEAN BLVD.
SUITE 401
BOCA RATON FL 33431

2519 NORTH OCEAN BLVD.
SUITE 401
BOCA RATON FL 33431

2. Principal Place of Business

2a. Mailing Address

21 1465 N. OCEAN BLVD.
SUITE APT. #, etc. GULF STREAM

26 1465 N. OCEAN BLVD.
SUITE APT. #, etc. GULF STREAM, FL

22 FL. 33483
City & State
Zip

27 GULF STREAM, FL
City & State
Zip

23 FL. 33483
Country

28 33483
Country

24 FL. 33483
Country

29 33483
Country

25 FL. 33483
Country

30 33483
Country

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

01/26/1995

4. FEI Number

65-0464034

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

INCE, PETER
2519 NORTH OCEAN BLVD.
SUITE 401
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

INCE, PETER

82 Street Address (P.O. Box Number is Not Acceptable)

1465 N. OCEAN BLVD.

83 City

GULF STREAM

84 State

FL

85 Zip Code

33483

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 of typographer or other officer, agent, or director (if applicable)

(If the Registered Agent's signature is required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE	DPST	☐ DELETE
NAME	INCE, PETER	
STREET ADDRESS	2519 N. OCEAN BLVD., SUITE 401	
CITY - ST - ZIP	BOCA RATON FL 33431	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	PETER INCE
1.3 STREET ADDRESS	1465 N. OCEAN BLVD.
1.4 CITY - ST - ZIP	GULF STREAM, FL. 33483
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, 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

4/24/96 561-278-6540

CR2E034 (3/96)