

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 418570 (8)

1. Corporation Name

SYDSTEAD CORP..



Principal Place of Business

400 LESLIE DR. #1105
#215
HALLANDALE FL 33009
US

Mailing Address

400 LESLIE DR. #1105
#215
HALLANDALE FL 33009
US

3. Date Incorporated or Qualified

02/08/1973

3a. Date of Last Report

04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-1507762

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

10. Name and Address of New Registered Agent

81 Name

KENNETH WOLOFSKY

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

400 LESLIE DR. #215

83

84 City

HALLANDALE

FL

85

Zip Code

33009

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]

3/14/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☒ DELETE
NAME	WOLOFSKY, SYDNEY	
STREET ADDRESS	400 LESLIE DRIVE, #215	
CITY-STATE-ZIP	HALLANDALE, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	P D	☒ Change ☐ Addition
12 NAME	KENNETH WOLOFSKY	
13 STREET ADDRESS	400 LESLIE DRIVE #215	
14 CITY-STATE-ZIP	HALLANDALE, FL 33009	
2. TITLE	YSD	☒ Change ☐ Addition
23 NAME	JEFFREY PERLOW	
24 STREET ADDRESS	400 LESLIE DRIVE #215	
25 CITY-STATE-ZIP	HALLANDALE, FL 33009	
3. TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
4. TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
5. TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
6. TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 (954) 456-2888

CR2E034 (12/95)