

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 479431

(9)

1. Corporation Name

VORSE, ROBERT A., INC.

Principal Place of Business

2508 AUSTRALIAN AVENUE
WEST PALM BEACH FL 33407

Mailing Address

2508 AUSTRALIAN AVENUE
WEST PALM BEACH FL 33407-5639

3. Date Incorporated or Qualified

06/23/1975

3a. Date of Last Report

03/18/1996

2. Principal Place of Business

21 1281 N. Ocean Dr.

Suite, Apt. #, etc

22 Suite 147

City & State

23 Singer Island, FL

Zip Country

24 33404

25 USA

2a. Mailing Address

26 1281 N. Ocean Dr.

Suite, Apt. #, etc

27 Suite 147

City & State

28 Singer Island, FL

Zip Country

29 33404

30 USA

4. FEI Number

59-1602706

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

VORSE, ROBERT A.
2508 AUSTRALIAN AVE.
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name

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

1281 N. Ocean Dr. Suite 147

83

84 City

Singer Island

FL

85 Zip Code

33404

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

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	VORSE, ROBERT A.	
STREET ADDRESS	1130 GULFSTREAM WAY	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	VORSE, MINNA A.	
STREET ADDRESS	1130 GULFSTREAM WAY	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	VORSE, R. MICHAEL	
STREET ADDRESS	7808 PINETREE LN.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vorse, Robert A.	
1.3 STREET ADDRESS	1281 N. Ocean Dr. Suite 147	
1.4 CITY-ST-ZIP	Singer Island, FL 33404	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ROBERT A. VORSE *Robert A. Vorse* 4-11-97 (061) 658-0991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)