SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

508638

(4)

INGENUITY, INC.

APPAQVED AND

pg. 10/2

97 JUL 18 PM 2:43

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	of Business	Mailing Address	Mailing Address			r andrán Arets donar idnim mison illes anni distri minti minti minti minti minti bidir indr			
830 NE 173 TERR. NORTH MIAMI BEACH FL 33162			630 NE 173 TERR. NORTH MIAMI BEACH FL 33162 US		DO NOT WRITE IN THIS SPACE				
US		03			3. Date Incorporated or Qualified 3a. Date of Last Report			teport	
					06/07/1976		10/1996	,	
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Uu		oplied For	
21		26 681 N.W	ニュー・ブランスしょう ファクタビ		59-1678554 Not Applicable			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. 🐐 etc.	Suite, Apt. #, etc.		5 Cartificate of Status Desired \$8.75 Additional			Additional	
22		27 MIAMI	27 MAMI		b. Certificate of Status Desired	<u> </u>	Fee Re	equired	
City & State		City & State	City & State		6. Election Cempaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution	Added to Fees			
Zip	Country	Zip - 22 // 6	Country	2 h =	8. This corporation owes or has pa				
24	25		D	ADE	Personal Property Tax due June 10. Name and Address of New Re			J No	
	9, Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Ad	Aletelen W	Agur		
MARBIN, EVAN				Hante					
	EAST FLAGLER ST		82 Street Ad		Idress (P.O. Box Number is Not Acceptable)				
	ITHOUSE 104		63						
MIA	MI FL 33131		53						
			64	City		FL	85 Zip	Code	
44 0	Ale	On and COT 4500 Florida Statuta	a the shoul	n named on	encretice submits this statement for the		banaina i	to registered	
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.									
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE		ANTE	Desistend &		- best others estimate time?	DATE			
12.	Signature, typed or printed name of registered a	ND DIRECTORS	13.	ant signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12	
TITLE	PD	DELETE	1,1 TITLE				Change	Addition	
NAME	SOLOMON, MARC		1.2 NAME		9000022467 -07/24/9701 ****165,00		- 779	<u> </u>	
STREET ADDRESS	630 NE 173 TERR.		1.3 STREET ADDRESS 1.4 City-St-2ip		9000024 -02/24		1077	.003	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3	3162			~ູບເຂດ. ພະພະໄຄ	ເຮັ່ດດັ	****1	65. 00 l	
TITLE	DELETE		2.1 TITLE			77.00	Change	Addition	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS					ļ	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					i	
TITLE	DELETE		3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAME				-		
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			3.4, CITY-	1					
TITLE		DELETE	4.1 TITLE	-			Change	Addition	
NAME		·	4. 2 NAME				-	1	
TREET ADDRESS				ADDRESS			•		
CITY-ST-ZIP			4.4 CITY-						
TITLE		DELETE	5.1 TITLE	A1 E11		1	Change	☐ Addition	
NAME			5.2 NAME	ŀ					
STREET ADDRESS				ADDRESS	/)	01.	1	}	
CITY-ST-ZIP			5.4 CITY -		/ % . (XXIII	,	ļ	
TITLE	·	DELETE	6.1 TITLE			1010	Change	Addition	
NAME			6.2 NAME		' <i>\</i>	11419	1		
STREET ADORESS				T ADDRESS	ı	ייןטייו	'		
CITY-ST-2IP		_	6.4 CITY-			•			
14. I do hereb	by certify that the information suppl	ied with this filing does not qualify	for the exi	emption state	ed in Section 119.07(3)(i), Florida Statute	s. I further	certify that	t the	

I do nereby cernly that the information supplied with this filling does not qualify for the exemption stated in section 119.07 (5)(f), Florida Statutes. I former certain that the information indicated on this annual report or supplied 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 composition or the footyper no frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phagoed, or on an attachment with an address.

Custom Furniture Designed to Your Specifications 19.2012

ONE OF A KIND WOOD DESIGN

Serving South Florida... Since 1978

T/14/47

Dear Sirs,

We never received the first

lopy of the 1997 Corporation annual
report packet.

report packet.

I'm enclosing a check by \$165.00

I'm enclosing a check by \$165.00

Thank you,

Moustalour