

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 # 528541 (6)

1. Corporation Name

WARSOE ASSOCIATES, INC.



Principal Place of Business

Mailing Address

2787 E OAKLAND PK BLVD #411  
FT. LAUDERDALE FL 33306  
US

2313 N ATLANTIC BLVD  
FT. LAUDERDALE FL 33305  
US

3. Date Incorporated or Qualified

02/28/1977

3a. Date of Last Report

03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1732486

Applied For

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

ANSILL, LEONARD  
2787 E OAKLAND PK BLVD #411  
FT LAUDERDALE FL 33306

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, if applicable,

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
ANSILL, LEONARD  
STREET ADDRESS  
1044 NE 28TH TERRACE  
CITY-ST-ZIP  
POMPANO BEACH FL

11 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
ANSILL, LEONARD  
STREET ADDRESS  
1044 NE 28 TERRACE  
CITY-ST-ZIP  
POMPANO BEACH FL

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS

64 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

DATE

FILE NO. 00000000

CR2E034 (3/96)