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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # 540701

(0)

EVAN'S STUDIO FOUR, INC.

Principal Place of Business

Maling Address

16033 N. E. 8TH AVENUE

16033 N. E. 8TH AVENUE



11011111 1011111	WI BEACH FL 33162	NORTH MIAMI BEACH	FL 33162				
					3. Date Incorporated or Qualified 06/22/1977	3a. Date of Last F 01/13/19	•
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
1]		26 16050 N	6 8	(OUR7	59-1751135		Not Applicable
Suite, Apt. ≀ 2	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
Gity & State	;	City & State 28 NONTH M	Pani (Server Fr	6. Election Campaign Financing Trust Fund Contribution	1 1	O May Be
.1 Ζφ	Country	Zip	ÇQL	intry	8. This corporation has liability for		
1	25	29 33/62	30	3005		s 🔲 No	120.002
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New I	Registered Agent	
				81 Name			
KAHN, E	EVAN			82 Street Ad	ddress (P.O. Box Number is Not Acceptal	blei	
16033 N	i.e. 8th avenue				6050 NE 8= (DURY	7	
NORTH	MIAMI BEACH FL 33162			83			· - · · · · · · · · · · · · · · · · · ·
				84 City		85 Z	p Code
					NOATH MIAN BEACH	FL 13 :	3/62
 Pursuant to or registers 	o the provisions of Sections 607,05 ed agent, or both, in the State of Flo	02 and 607.1508, Florida Statute:	s, the abo	ove-named corp	coration submits this statement for the pulpard of directors. I hereby accept the app	rpose of changing its	registered office
familiar wit	h, and accept the obligations of, Se	ction 607,0505, Florida Statutes.	o by the t	JOIPOIAIIOITS D	oard or directors. Thereby accept the app	continent as registered	agent. i am
SIGNATURE _							
2.	Styriature, typed or printed name of registered agr			Agent signature reg	ulred when reinstating)	DATE	
. <u></u>	r · · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	I	ADDITIONS/CHANGES TO OF		
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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 ori an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-931-1719 Daylinie Phone i