

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 562855 (7)

1. Corporation Name

POSMAK ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1492 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301
US

1492 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301
US



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

3. Date Incorporated or Qualified

03/16/1978

3a. Date of Last Report

01/25/1995

4. FEI Number

59-1815850

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

MAKOS JOHN J III
16 SE 17 AVE
FT. LAUDERDALE FL 33301

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 607.0522 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

Signatures of two or more persons must be provided for each registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	12 NAME
3. STREET ADDRESS	13 STREET ADDRESS
4. CITY - ST - ZIP	14 CITY - ST - ZIP
5. TITLE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	22 NAME
7. STREET ADDRESS	23 STREET ADDRESS
8. CITY - ST - ZIP	24 CITY - ST - ZIP
9. TITLE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	32 NAME
11. STREET ADDRESS	33 STREET ADDRESS
12. CITY - ST - ZIP	34 CITY - ST - ZIP
13. TITLE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	42 NAME
15. STREET ADDRESS	43 STREET ADDRESS
16. CITY - ST - ZIP	44 CITY - ST - ZIP
17. TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	52 NAME
19. STREET ADDRESS	53 STREET ADDRESS
20. CITY - ST - ZIP	54 CITY - ST - ZIP
21. TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	62 NAME
23. STREET ADDRESS	63 STREET ADDRESS
24. CITY - ST - ZIP	64 CITY - ST - ZIP

DPST
MAKOS, JOHN J III
16 SE 17 AVENUE
FT. LAUDERDALE FL

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☐ DELETE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

Daytime Phone #

(954)
764 8151

CR2E034 (12/95)