

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 586200 (8)

1. Corporation Name
RESEARCH FLORIDA, INC.



Principal Place of Business

4121 SW 47 AVE
PO BOX 7056
DAVIE FL 33314
US

Mailing Address

P O BOX 816938
~~PO BOX 7056~~
HOLLYWOOD FL 33081
US

3. Date Incorporated or Qualified
09/12/1978

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

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P.O. Box 816938

4. FEI Number
59-1852312

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

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27

City & State
HOLLYWOOD FLORIDA

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City & State

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Zip
33081

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Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, PAUL ESQ.
GOLDBERG&YOUNG, PA.
1630 N. FEDERAL HWY.
FT. LAUDERDALE FL 33305

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 date of signature (SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
PSD	BEUTHIEN, GINNY.	409 WILLOWOOD PARKWAY	CHAPIN SC	☐
T	DANKO, GERALD	913 WILLOWOOD PARKWAY	CHADIN SC	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY- ST- ZIP	5. CHANGE	6. ADDITION
				☐	☐
				☐	☐
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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:

Ginny Beuthien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

954-966-4880

CR2E034 (12/95)