

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 # 595612 (3)

1. Corporation Name

MELBOURNE, INC.



Principal Place of Business

Mailing Address

7900 SW 24TH ST.  
STE. 104  
DAVIE FL 33324  
US

7900 SW 24TH ST.  
STE. 104  
DAVIE FL 33324  
US

3. Date Incorporated or Qualified  
11/29/1978

3a. Date of Last Report  
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2615 S. University Drive

26 P.O. Box 15728

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1872569

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

22 City & State

23 Davie, Florida

27 City & State

28 Plantation, Florida

24 Zip

33328

25 Country

US

29 Zip

33318-5728

30 Country

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAPPAPORT, MELBOURNE  
7900 SW 24TH ST  
#104  
DAVIE FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
2615 S. University Drive

83

84 Davie

FL

85 33328

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
BURTON, KENNETH  
7900 SW 24TH ST., #104  
DAVIE FL

TITLE ☐ DELETE

NAME  
RAPPAPORT, MELBOURNE  
7900 SW 24TH ST., #104  
DAVIE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

2615 S. University Drive  
Davie, Florida 33328

☐ Change ☐ Addition

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Davie, Florida 33328

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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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.19.96

Date

305 474-2800

Daytime Phone #

CR2E034 (12/95)