

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005453 (3)**

1. Corporation Name

SENDER MANAGEMENT LTD. CORP.

Principal Place of Business

Mailing Address

**10001 N.W. 50TH ST., STE 103A
SUNRISE FL 33351**

**10001 N.W. 50TH ST., STE 103A
SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1996

4. FEI Number

11-2978694

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **8289 CASSIA TERRACE**

Suite, Apt. #, etc.

22 City & State

23 **TAMARAC FL**

Zip

24 **33351**

Country

25 **BROWARD**

2a. Mailing Address

26 **8289 CASSIA TERRACE**

Suite, Apt. #, etc.

27 City & State

28 **TAMARAC FL**

Zip

29 **33351**

Country

30 **BROWARD**

9. Name and Address of Current Registered Agent

**SENDER, LOUIS
10001 N.W. 50TH ST., STE 103A
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8289 CASSIA TERRACE

83

84 City

TAMARAC

FL

85 Zip Code

33351

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/98

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **SENDER, LOUIS**
STREET ADDRESS **8289 CASSIA TERRACE**
CITY-ST-ZIP **TAMARAC FL**

TITLE **S** ☐ DELETE

NAME **SENDER, JUDY S**
STREET ADDRESS **8289 CASSIA TERRACE**
CITY-ST-ZIP **TAMARAC 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] **LOUIS SENDER**

4/28/98

954-721-1444

CR2E034 (10/97)