

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G96172** (3)

1. Corporation Name  
**SOROS & SOROS, INC.**



Principal Place of Business

111 PEACHTREE DR  
SPRING HILL FL 34606  
US

Mailing Address

P.O. BOX 3178  
SPRING HI 34606  
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**SOROS, MICHAEL A.  
603 PINEWALK DR  
BRANDON FL 33510**

3. Date Incorporated or Qualified

04/13/1984

3a. Date of Last Report

04/07/1995

4. FEI Number

59-2415658

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. 190.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

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 607.05(2) and 607.15(8), 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 607.05(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                    |                   |                                 |
|--------------------|-------------------|---------------------------------|
| 1. TITLE           | PD                | <input type="checkbox"/> DELETE |
| 2. NAME            | SOROS, ANNE C.    |                                 |
| 3. STREET ADDRESS  | 7487 CANTERBURY   |                                 |
| 4. CITY, ST, ZIP   | SPRING HILL FL    |                                 |
| 5. TITLE           | STD               | <input type="checkbox"/> DELETE |
| 6. NAME            | SOROS, MICHAEL A. |                                 |
| 7. STREET ADDRESS  | 603 PINEWALK DR   |                                 |
| 8. CITY, ST, ZIP   | BRANDON FL        |                                 |
| 9. TITLE           |                   | <input type="checkbox"/> DELETE |
| 10. NAME           |                   |                                 |
| 11. STREET ADDRESS |                   |                                 |
| 12. CITY, ST, ZIP  |                   |                                 |
| 13. TITLE          |                   | <input type="checkbox"/> DELETE |
| 14. NAME           |                   |                                 |
| 15. STREET ADDRESS |                   |                                 |
| 16. CITY, ST, ZIP  |                   |                                 |
| 17. TITLE          |                   | <input type="checkbox"/> DELETE |
| 18. NAME           |                   |                                 |
| 19. STREET ADDRESS |                   |                                 |
| 20. CITY, ST, ZIP  |                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |   |
| 3. STREET ADDRESS  |   |
| 4. CITY, ST, ZIP   |   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |   |
| 7. STREET ADDRESS  |   |
| 8. CITY, ST, ZIP   |   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |   |
| 11. STREET ADDRESS |   |
| 12. CITY, ST, ZIP  |   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |   |
| 15. STREET ADDRESS |   |
| 16. CITY, ST, ZIP  |   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |   |
| 19. STREET ADDRESS |   |
| 20. CITY, ST, ZIP  |   |

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 my address.

SIGNATURE: *Michael A. Soros*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

813/685-7645

CR2E034 (12/95)