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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

(954) 846-0411

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H11867** 

(9)

SERGES & CO., INC.

SIGNATURE:

Mailing Address Principal Place of Business 12801 W SUNRISE BLVD #343 12801 W SUNRISE BLVD #343 SUNRISE FL 33323-2963 SUNRISE FL 33323 3. Date Incorporated or Qualified 3a. Date of Last Report 07/12/1984 03/15/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2422965 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zψ This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🔲 No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name CINDY HURD 11877 CLASSIC DR. 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 83 84 City Zip Code 85 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 Fiorida. 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, typical or printed name of registering agerit and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Addition 1.1 TITLE ☐ Change TITLE HURD, MARTIN 1.2 NAME NAME: 11877 CLASSIC DR. STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP STD DELETE Change Addition TITLE 2.1 TITLE HURD, CINDY 2.2 NAME NAM: 11877 CLASSIC DR. STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-SY-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7IP CHY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY- \$T-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

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 It 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 withfan address.

14. I do 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