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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name H53589 (8)

CINDY S. CUPPS, INC.



Principal Place	OF DUSH RISS	Million ig valer 555							
7568 REXFORD		7568 REXFORD RD. BOCA RATON FL 33434							
						Date incorporated or Qualified     04/24/1985	3a. Date 06	of Last F /29/19	
Principal Pla	ce of Business	2a, Mailing Address				4. FEI Number			Applied For
26						59-2539497		Not Applicab	
Suite, Apt #	i, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		Oty & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
Zip	Country 25	Zia 29	30	ntry		8. This corporation has liability for Florida Statutes	intangible ta No	ix under :	s 199.032.
4	g. Name and Address of Curre		-1001			10. Name and Address of New F	Registered	Agent	
	g, Halle and Radicos of Colle			81	Name				
WEISSBLATT, CINDY S.				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
7568 REXFORD RD. BOCA RATON FL 33434				83	<b> </b>	ADD TO THE RESERVE OF THE PERSON OF THE PERS			
DOUA N	MICH IL 30707		-	84	City			85	Zip Code
			1		´	oration submits this statement for the pu	FL		
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12.		NO DIRECTORS	13.	. 7. 5		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
FITLE	P	☐ DELETE	$\nu$						
NAME	WEISSBLATT, CINDY S.		1 2 N						
S'REET ADORESS	7568 REXFORD RD.				LADDRESS				
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE		2 1 T TUE				Chang	e
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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 eath; 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 3 if changing an in all attachment with an address.

ER OR DIRECTOR

5 1 Title

5.2 NAME

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

54 C TY ST-ZIF

SIGNATURE:

CITY - ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

TITLE

NAME

TITLE

☐ DELFIE

DELETE

<u>100001808261</u>

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☐ Change ☐ Addition