FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # J07129 (6)

1. Corporation Name
SORENSEN ENTERPRISES, INC.

Principal Place of Business:
486 SW VOLTAIR TERR
PORT ST LUCIE FL 34984
US

Mailing Address:
486 SW VOLTAIR TERR
PORT ST LUCIE FL 34984
US

APPROVED
95 APR -1 PM 1:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

3. Date Incorporated or Qualified: 04/01/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2611485 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 22 Suite, Apt. # etc / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address (26) / 27 Suite, Apt. # etc / 28 City & State / 29 Zip / 30 Country

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

9. Name and Address of Current Registered Agent

SORENSEN, VERONICA
154 DORCHESTER ST.
PORT ST LUCIE FL 34983

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 607.0502 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SORENSEN, VERONICA
STREET ADDRESS	486 SW VOLTAIR TERR
CITY-ST-ZIP	PORT ST LUCIE FL 34984
TITLE	V
NAME	SORENSEN, CHRIS
STREET ADDRESS	486 SW VOLTAIR TERR
CITY-ST-ZIP	PORT ST LUCIE FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(six blocks: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP, each with ☐ Change ☐ Addition — blank)

14. I the undersigned 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 or is attached or on an attachment with an address.

SIGNATURE: [signature] 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0383850 CP