

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

Mailing Address

492
486 SW VOLTAIR TERR
PORT ST LUCIE FL 34984
US

492
486 SW VOLTAIR TERR
PORT ST LUCIE FL 34984
US

2. Principal Place of Business

2a. Mailing Address

21 492 VOLTAIR TERR.

26 492 VOLTAIR TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PORT ST LUCIE

23 PORT ST LUCIE FL.

24 Zip 34984 25 Country US

29 Zip 34984 30 Country US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/01/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2611485

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. 199.032, Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

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

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

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CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

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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 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:

VERONICA R. SORENSEN, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VERONICA R. SORENSEN 4/29/96

Date

Daytime Phone #

CR2E034 (12/95)