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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
492 VOLTAIR TERRACE
PORT ST. LUCIE FL 34984
US

Mailing Address
492 VOLTAIR TERRACE
34984ST LUCIE FL 34984
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/01/1986

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 1619 W BILTMORE ST.
Suite, Apt. #, etc.

22 City & State
23 PORT ST. LUCIE FL.

24 Zip 34984 25 Country US

26 1619 S W BILTMORE ST.
Suite, Apt. #, etc.

27 City & State
28 PORT ST. LUCIE FL.

29 Zip 34984 30 Country US

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE
NAME V
STREET ADDRESS SORENSEN, CHRIS
CITY-ST-ZIP 486 SW VOLTAIR TERR
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

11 TITLE
12 NAME
13 STREET ADDRESS
14 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

14. I 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 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

4/20/98 561-871-5800

CR2E034 (10/97)