(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

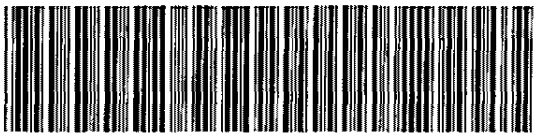
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500037795555

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

JUL 11 '91

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Read Instructions on Other Side Before Making Entries.

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPA

1. Name and Mailing Address of Corporation: DOCUMENT #J10186 (1)

ZIP + 4 PRESORT

P5MA1696

SARASOHN & ASSOCIATES, INC.
7100 W CAMINO REAL
P.O.BOX 8
BOCA RATON, FL 33429-~~0043~~ 0008

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address

22 P.O. Box No: P. O. Box 8

23 City and State

24 Zip Code: 33429-0008

3 Date Incorporated or Qualified To Do Business in Florida: 04/21/1986

4. FEI Number: 59-2661900

FEI Number Applied For

FEI Number Not Applicable

5 $8.75 Additional Fee Required for a Certificate of Status.

CERTIFICATE OF STATUS DESIRED

6 Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1	D/P	SARASOHN, STEPHEN	4201 N OCEAN	BOCA RATON, FL
1x				
2	D/V/P	GALANTE, JOSEPH	7100 W CAMINO REAL 214	BOCA RATON, FL
2x				
3				
3x				
4				
4x				
5				
5x				
6				
6x				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

SARASOHN, STEPHEN
4201 N OCEAN BLVD.
BOCA RATON, FL 33431

8 Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City

FL.

85 Zip Code

9 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 _____ DATE _____
(Registered Agent Accepting Appointment)

10 I 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; I further certify 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 6 or 8 on an attachment with an address.

SIGNATURE Stephen Sarasohn DATE 6/30/91

Typed Name of Signing Officer or Director | Title | Telephone Number Daytime ( )

FILING FEE OF $61.25 REQUIRED — Make Checks Payable To: Secretary of State **$8.75 Additional Fee required for a Certificate of Status**