

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 # J23432 (4)

1. Corporation Name  
SANNOR, INC.



Principal Place of Business

Mailing Address

5891 S. MILITARY TRAIL  
SUITE 5-A  
LAKE WORTH FL 33463

5891 S. MILITARY TRAIL  
SUITE 5-A  
LAKE WORTH FL 33463

3. Date Incorporated or Qualified

07/10/1986

3a. Date of Last Report

04/19/1995

4. FEI Number

59-2691050

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

29. Country

25. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDELMAN, NORMAN P.  
5891 S. MILITARY TRAIL  
SUITE 5-A  
LAKE WORTH FL 33463

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

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

Sign and type or printed name of registered agent and submit as applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
EDELMAN, NORMAN P.  
STREET ADDRESS  
5891 S. MILITARY TRAIL  
CITY-ST-ZIP  
LAKE WORTH FL

1.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS  
5891 S. MILITARY TRAIL  
CITY-ST-ZIP  
LAKE WORTH FL

12. NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

5891 S. MILITARY TRAIL  
CITY-ST-ZIP  
LAKE WORTH FL

13. STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

LAKE WORTH FL

14. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

22. NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP

23. STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

LAKE WORTH FL

24. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

32. NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP

33. STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

LAKE WORTH FL

34. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

42. NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP

43. STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

LAKE WORTH FL

44. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

52. NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP

53. STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

LAKE WORTH FL

54. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

STREET ADDRESS  
CITY-ST-ZIP

62. NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP

63. STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

LAKE WORTH FL

64. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

407-433-9559

Date

Daytime Phone #

CR2E034 (12/95)