

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J62384 (9)

1. Corporation Name

PARTNER PLUS, INC.



Principal Place of Business

10 COCONUT LANE
OCEAN RIDGE FL 33435

Mailing Address

10 COCONUT LANE
OCEAN RIDGE FL 33435

3. Date Incorporated or Qualified

03/10/1987

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0101157

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAMEL, M.E.
1240 SOUTH FEDERAL HWY
BOYNTON BEACH FL 33435

81

Name

Lyse B. Stecko

82

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

10 Coconut Ln.

83

84

City

Ocean Ridge

FL

85

Zip Code

33435

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

Lyse B. Stecko

DATE

5/1/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
P	STECKO, LYSE B.	10 COCONUT LANE	OCEAN RIDGE FL	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 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:

Lyse B. Stecko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

DATE

CR2E034 (12/95)