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 # **J65377** **(0)**

1. Corporation Name

CALENDOR CORP.

Principal Place of Business	Mailing Address
4661 UNIVERSITY DR. 4661 N. UNIVERSITY DR. CORAL SPRINGS FL 33067	4661 UNIVERSITY DR. 4661 N. UNIVERSITY DR. CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified: **04/03/1987**

3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **11-2852885** ☐ 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

9. Name and Address of Current Registered Agent

QUARTARO, DORIS
4661 UNIVERSITY DR.
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: CATHY KUBINEC
82 Street Address (P.O. Box Number is Not Acceptable): 4661 UNIVERSITY DR.
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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: Cathy Kubinec SECRETARY 4/3/96
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	QUARTARO, LEONARD.		1.2 NAME		
STREET ADDRESS	1012 N. OCEAN BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	2.1 TITLE		☐ Change ☑ Addition
NAME	QUARTARO, DORIS		2.2 NAME	MICHAEL QUARTARO	
STREET ADDRESS	1791 NW 97TH TERRACE.		2.3 STREET ADDRESS	3909-N. OCEAN BLVD APT 202	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KUBINEC, CATHY.		3.2 NAME		
STREET ADDRESS	1713 NW 97TH TERRACE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: [signature] LEONARD QUARTARO 4/3/96 305-344-4577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #