

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 # J69834 (6)

1. Corporation Name

FOUR SISTERS OF FLORIDA CORPORATION

Principal Place of Business

1500 SAND LAKE RD
FLORIDA MALL (BELK-LINDSEY STORE)
ORLANDO FL 32809

Mailing Address

1500 SAND LAKE RD
FLORIDA MALL (BELK-LINDSEY STORE)
ORLANDO FL 32809



2. Principal Place of Business

21 845 SANDLAKE RD

Suite, Apt. #, etc.

22 ORLANDO

City & State

23 FL

Zip

24 32809

Country

25 USA

2a. Mailing Address

26 845 Sandlake Rd

Suite, Apt. #, etc.

27 ORLANDO

City & State

28 FL

Zip

29 32809

Country

30 USA

3. Date Incorporated or Qualified

04/28/1987

3a. Date of Last Report

04/14/1995

4. FEI Number

59-2843899

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

ROTH, STEVEN M.
2020 N.E. 163RD ST.
STE. #300
N. MIAMI BEACH FL 33162

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD STABENAU, PAULA
8207-71 SUN SPRING CIR.
ORLANDO FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD SMITH, STEVEN WAYNE
111-6889 PEACHTREE IND
NORCROSS GA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD ROSENZWEIG, WALTER
8431 GLEN VIEW CT
ORLANDO FL

☐ DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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: Paula Stabenau - PAULA STABENAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

407 851 6929

Date

Daytime Phone #

CR2E034 (12/95)