

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K64161** (8)

1. Corporation Name

SURI, INC.



Principal Place of Business

**10462 N W 31ST TERRACE
MIAMI FL 33172**

Mailing Address

**10462 N W 31ST TERRACE
MIAMI FL 33172**

2. Principal Place of Business

2a. Mailing Address

21 **7601 SW Lost River Rd.**
Suite, Apt. #, etc.

26 **7601 SW Lost River Rd.**
Suite, Apt. #, etc.

22 **Stuart, FL**
City & State

27 **Stuart, FL**
City & State

23 **34997** **USA**
Zip Country

28 **34997** **USA**
Zip Country

3. Date Incorporated or Qualified
02/08/1989

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0103063

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

10. Name and Address of New Registered Agent

**MARTIN TABOR & ASSOCIATES
10462 N.W. 31 TERRACE
MIAMI FL 33172**

81 **Martin Tabor & Associates**
82 **7601 SW Lost River Rd.**
83
84 **Stuart** **FL** 85 **34997**
City State Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 conditions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*

4/29/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
☐ DELETE	D		
	TABOR, MARTIN A.		
	7320 SW 146TH TERRACE		
	MIAMI FL		
☐ DELETE			
☐ DELETE			
☐ DELETE			
☐ DELETE			
☐ DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
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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, on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (407) 220-0909

CR2E034 (12/95)