

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 # K64413 (3)

1. Corporation Name

AWNING CARE OF SOUTH FLORIDA, INC.



Principal Place of Business

13751 SW 109 ST
MIAMI FL 33186
US

Mailing Address

PO BOX 162935
MIAMI FL 33116-2935
US

3. Date Incorporated or Qualified
02/03/1989

3a. Date of Last Report
07/31/1995

2. Principal Place of Business

21 1121 SW 9th PLACE

Suite, Apt. #, etc.

22 DAVIE, FL

City & State

23 DAVIE, FL

Zip Country

24 33324 25 U.S.

2a. Mailing Address

26 1121 SW 9th PLACE

Suite, Apt. #, etc.

27 DAVIE, FL

City & State

28 DAVIE, FL

Zip Country

29 33324 30 U.S.

4. FLE Number

65-0115573

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

HOFFMAN, ROBERT M.
800 DOUGLAS ENTRANCE
EXECUTIVE TOWER, SUITE 365
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

APRIL L. MARTEN

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

1121 S.W. 9th PLACE

83

84 City

DAVIE

FL

85 Zip Code

33324

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 the 1 applicable to (NOTE: Registered Agent signature required when resigning)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MARTEN, GERARD B.
STREET ADDRESS 13751 SW 109 ST
CITY-ST-ZIP MIAMI FL
☒ DELETE

TITLE DVP
NAME MARTEN, ANITA S.
STREET ADDRESS 13751 SW 109 ST.
CITY-ST-ZIP MIAMI FL
☒ 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

1.1 TITLE D.P.
1.2 NAME JOHANNES F. MARTEN
1.3 STREET ADDRESS 1121 SW 9 PLACE
1.4 CITY-ST-ZIP DAVIE, FL 33324
☒ Change ☐ Addition

2.1 TITLE D. VP.
2.2 NAME ALEXANDER G. WOOLSEY
2.3 STREET ADDRESS 2140 S.W. 67 TERRACE
2.4 CITY-ST-ZIP MIRAMAR, FL 33023
☒ Change ☐ Addition

3.1 TITLE S.
3.2 NAME APRIL L. MARTEN
3.3 STREET ADDRESS 1121 S.W. 9 PLACE
3.4 CITY-ST-ZIP DAVIE, FL 33324
☐ Change ☒ Addition

4.1 TITLE T.
4.2 NAME LORI WOOLSEY
4.3 STREET ADDRESS 2140 S.W. 67 TERRACE
4.4 CITY-ST-ZIP MIRAMAR, FL 33023
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

4/30/96

Date

(954) 452-9717

Daytime Phone #

CR2E034 (12/95)