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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K78393

(1)

1. Corporation Name

FIVE CORPORATE PARTNERS, INC.



Principal Place of Business

Mailing Address

C/O ELEANOR FRANKS
206 CYPRESS AVENUE
CLEWISTON FL 33440

ELEANOR FRANKS
206 CYPRESS AVENUE
CLEWISTON FL 33440
US

3. Date Incorporated or Qualified

04/06/1989

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANKS, ELEANOR
206 CYPRESS AVE.
CLEWISTON FL 33440

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 in block capital letters

Signature typed or printed name of registered agent in block capital letters

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME MARTINEZ, CHARLES M.

STREET ADDRESS RT. 2 BOX 640

CITY- ST- ZIP CLEWISTON FL

TITLE VP ☐ DELETE

NAME SAMERDYKE, PAUL

STREET ADDRESS 4004 RYE COURT

CITY- ST- ZIP LABELLE FL

TITLE S ☐ DELETE

NAME FRANKS, ELEANOR

STREET ADDRESS 206 CYPRESS AVE.

CITY- ST- ZIP CLEWISTON FL

TITLE T ☐ DELETE

NAME POTTER, JOHN M

STREET ADDRESS 250 COSTELLO RD

CITY- ST- ZIP W PALM BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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

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64 CITY- ST- ZIP

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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, or on an attachment with an address.

SIGNATURE:

Eleanor D. Franks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

(941) 983-1520

CR2E034 (12/95)