

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 # L17763 (8)

1. Corporation Name

HANDICAPPED SALES WORKSHOP, INC.



Principal Place of Business

4850 N. STATE 7
SUITE C
LAUDERDALE LAKES FL 33319
US

Mailing Address

4850 N. STATE ROAD
SUITE C
TAMARAC FL 33319
US

3. Date Incorporated or Qualified
09/19/1989

3a. Date of Last Report
03/10/1995

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

29

30

4. FEI Number
65-0145557

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

LENIHAN, ELYSE
4850 N. ST. RD. 7, SUITE C
LAUDERDALE LAKES FL 33319

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

Sign the type for principal place of business, agent and that as shown

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101F ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME
LENIHAN, ELYSE
8966 NW 21ST COURT
CORAL SPRINGS FL

12 NAME

102F ☐ DELETE

13 STREET ADDRESS

103F ☐ DELETE

14 CITY-ST-ZIP

104F ☐ DELETE

21 TITLE

105F ☐ DELETE

22 NAME

106F ☐ DELETE

23 STREET ADDRESS

107F ☐ DELETE

24 CITY-ST-ZIP

108F ☐ DELETE

31 TITLE

109F ☐ DELETE

32 NAME

110F ☐ DELETE

33 STREET ADDRESS

111F ☐ DELETE

34 CITY-ST-ZIP

112F ☐ DELETE

41 TITLE

113F ☐ DELETE

42 NAME

114F ☐ DELETE

43 STREET ADDRESS

115F ☐ DELETE

44 CITY-ST-ZIP

116F ☐ DELETE

51 TITLE

117F ☐ DELETE

52 NAME

118F ☐ DELETE

53 STREET ADDRESS

119F ☐ DELETE

54 CITY-ST-ZIP

120F ☐ DELETE

61 TITLE

121F ☐ DELETE

62 NAME

122F ☐ DELETE

63 STREET ADDRESS

123F ☐ DELETE

64 CITY-ST-ZIP

124F ☐ DELETE

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 amendment with an address.

SIGNATURE:

ELYSE LENIHAN, PRES. 3/1/96 9547308177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)