SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT
1995

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

AND FILED

95 JUL -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L29738** **(6)**

1. Corporation Name

COURTFAX, INC.

Principal Place of Business	Mailing Address
C/O LARRY LEVINSON 4248 N. OCEAN DRIVE HOLLYWOOD FL 33019	C/O LARRY LEVINSON 4248 N. OCEAN DRIVE HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/15/1989**
3a. Date of Last Report: **06/15/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: **65-0157262**
Applied For ☐ Not Applicable ☐

22 Street Address: 11300 Port St
27 Street Address: 11300 Port St

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

23 City & State: Cooper City, Fla
28 City & State: Cooper City Fla

6. [illegible] ☐ — **$5.00** May Be Added to Fees

24 Zip: 33026 — 25 Country: USA
29 Zip: 33026 — 30 Country: USA

8. The corporation has [illegible] for interstate [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVINSON, LARRY
4248 N. OCEAN DRIVE
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

31 Name:
32 Street Address (P.O. Box Number is Not Acceptable): 11300 Port St
33
34 City: Cooper City — FL — 35 Zip Code: 33026

11. Pursuant to the provisions of Section 607.0505 and 607.1505, 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.

V.P — 6/9/95
(Signature of New Registered Agent, if changing) (Date)

12. OFFICERS AND DIRECTORS	13.
1 Title: VP 1 Name: LEVINSON, LARRY 1 Street Address: 5610 RODMAN STREET 1 City-State-Zip: HOLLYWOOD FL	☐ Change ☐ Addition 1 Title: VP 1 Name: Levinson C. 1 Street Address: 5613 Funston St 1 City-State-Zip: Hollywood, Fla 33026
2 Title / Name / Street Address / City-State-Zip	☐ Change ☐ Addition
3 Title / Name / Street Address / City-State-Zip	☐ Change ☐ Addition
4 Title / Name / Street Address / City-State-Zip	☐ Change ☐ Addition
5 Title / Name / Street Address / City-State-Zip	☐ Change ☐ Addition
6 Title / Name / Street Address / City-State-Zip	☐ Change ☐ Addition

CR2E034 (3/95)

14. I hereby certify that the information contained herein, including any attachments, is true and accurate and that such information complies with the requirements of Section 607.0505, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with all other like empowered officers or directors.

SIGNATURE: V.P — 6/29/95 — 305 981-7421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000483 CP