FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| 1997 DIVISION OF CORPORATIONS | | | | | | | | ~ ************************************* |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|
| | MENT # L3687 | В (| (1) | | | | | |
| | | | | | | 4 (8) (8) (8) (8) (8) (8) (8) (8) | JE rra n e ner eneraliste | ALLE COLUMN |
| Principal Place | of Business | Mailing Add | ress | | : | | | |
| % SUZANNE M 23396 BOCA C BOCA RATON I | HICA CIR | % SUZANNE MARCIL 23396 BOCA CHICA CIR BOCA RATON FL 33433-7261 | | | | | | |
| | | | | | | Date Incorporated or Qualified 12/18/1989 | 3s. Date of La 04/30/19 | |
| 2. Principal Pl | ace of Business | 2a. Mailing A | 2a. Mailing Address | | | 4. FEI Number | 1 04/30/18/ | Applied For |
| 21 | | 26 | | | | 59-2989920 | | Not Applicable |
| Suite, Apl | #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | 75 Additional le Required |
| City & State |) | | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | | |
| Zip | ton the term of th | | Country | <i>!</i> | 8. This corporation has liability fo | r intangible tax und ☐ Yes ☐ No | ter s. 199.032, | |
| 24 | 25 Name and Address of Curr | 29 ent Registered Age | | 30 | | Florida Statutes 10. Name and Address of New R | | |
| MAR | CIL, SUZANNE | | | 81 | Name | | | |
| | 18 BOCA CHICA CIR | | | 82 | Street Add | Iress (P.O. Box Number is Not Accepts | ible) | |
| BOCA RATON FL 33433 | | | | | | | | |
| | | | | 83 | 1 | | | j |
| | | | | 84 | City | | FL 85 | Zip Code |
| 11. Pursuant t office or re agent. Lar | o the provisions of Sections 607.0 egistered agent, or both, in the Sta n familiar with, and accept the obl | 502 and 607.1508, F te of Florida, Such o igations of, Section (| forida Statute change was at 607.0505, Flor | s, the abov uthorized b rida Statute | e-named cor y the corpora s | poration submits this statement for the tition's board of directors. I hereby according | purpose of changi | ng its registered nt as registered |
| SIGNATURE | Stynature, typed or pented name of registered a | acent and title it applicable | (NOTE: | Registered An | eni signature regu | ired when reinstating) | DATE | |
| 12. | · · · · · · · · · · · · · · · · · · · | ND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFF | | TORS IN 12 |
| TITLE | D | L | DELETE | 1,1 TITLE | | | ☐ Cha | nge Addition |
| NAME | MARCIL, SUZANNE | | | 1.2 NAME | | | | |
| STREET ADDRESS | 23396 BOCA CHICA CIR | | | | ADDRESS | | | Į. |
| CITY - ST - ZIP TELE | BOCA RATON FL | | DELETE | 1.4 CITY-1 2 1 TITLE | ST-ZIP | | [] Cha | nge Addition |
| NAME | | | _J OLLEVE | 22 NAME | | | Ç., | ngo La redución |
| STREET ADORESS | | | | • | T ADDRESS | • | | |
| CITY-S1-2IP | | | | 2. 4 CITY - | ST-ZIP | | | |
| Trill | | | DELETE | 3.1 TITLE | | | Cha | nge Addition |
| NAME | | | | 3.2 NAME | | | | ĺ |
| STREET ADDRESS | | | | 3.3 STREE | T ADDRESS | | | ĺ |
| CITY-S1-7IP | | | T DELETE | 3.4. CITY- | ST-ZIP | | | 11.449/ |
| TITLE | | L. | DELETE | 4.1 TITLE | 1 | | ☐ Cha | inge Addition |
| NAME STREET ADDRESS | | | | 4. 2 NAME | T ADDRESS | | | |
| CITY-ST-7IP | | | | 4.4 CITY-1 | | | | |
| TITLE | | | DELETE | 5.1 TITLE | | <u></u> | Cha | inge Addition |
| NAMÉ | | | | 5.2 NAME | | | | ŀ |
| STREET ADDRESS | | | | 53 STREE | T ADDRESS | | |] |
| CITY-ST-7IP | | | | 5.4 CITY-1 | ST-ZIP | | | |
| TITLE | | L | DELETÉ | 6.1 TITLE | | | Cra | inge Addition |
| NAME | | | | 6.2 NAME | 1 | | | į |
| STREET ADDRESS | | | | 6.3 STREET | T ADDRESS | | | |

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97

561-338-5883

FILED

Apr 25 1997 8:00am

Secretary of State