FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

L40380

(2)

DOCUMENT #

| S | R | S | EN | П | ER | PF | RISE | S, | INC. |
|---|---|---|----|---|----|----|------|----|------|
|---|---|---|----|---|----|----|------|----|------|

| | | NACTOR Addition | | | | |
|--|--|----------------------------|----------------------|--------------------------------|---|---|
| Principal Place o | | Mailing Address | 340 | | | |
| 795 BELVEDERE ROAD 795 BELVEDERE RO WEST PALM BEACH 33405 WEST PALM BEACH | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 01/05/1990 | 3a. Date of Last Report 02/28/1995 |
| 2. Principal Plac | e of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 65-0166647 | Not Applicable |
| Suite, Apt. #, | etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Count | У | 8. This corporation has tability for | intanoityle tax under s. 199.032, |
| 24 | 25 | 29 | 30 | | Florida Statutes La Yes | Table 1 Access |
| | 9. Name and Address of Curre | nt Registered Agent | 8 | 1 Name | 10. Name and Address of New F | legistereo Agent |
| 04000 | NEAPPACY M | | | | | |
| SACKS, GEOFFREY M. 795 BELVEDERE ROAD | | | 8 | 2 Street Add | ress (P.O. Box Number is Not Acceptat | yle) |
| | BEACH 33405 | | 8 | 3 | | |
| W. Cruzii | 55.611 55.155 | | 8 | 4 City | | FL 85 Zip Code |
| or registere | the provisions of Sections 607.050 d agent, or both, in the State of Fior , and accept the obligations of, Sec | rida. Such change was auth | iorized by the coi | -named corpo poration's boa | ration submits this statement for the purify of directors. I hereby accept the app | rpose of changing its registered office ointment as registered agent. I am |
| SIGNATURE _ | agnature, speed or portfold having of registered age. | of and the diagniciation | (NOTE Bogistic ed A) | erit signatine nagan | st weer renstating) | DATE |
| 12. | | ND DIRECTORS | 13. | | | ICERS AND DIRECTORS IN 12 |
| TITLE | DPS | ☐ DELETE | 1 1 TITL | F | | ☐ Change ☐ Add-tion |
| NAME | SACKS, GEOFFREY M. | | 1.2 NAM | F | | |
| STREET ADDRESS | 795 BELVEDERE ROAD | | 1 3 STR | ET ADORESS | | |
| CITY - ST - ZIP | W. PALM BCH. FL | FT) DE ÉTE | | - ST - 21F | | Change Addition |
| THILE | | DELÉTE | 2 1 7171 | ŀ | | Change Maddition |
| NAME | | | 2.2 NAM | | | |
| STREET ADDRESS | | | | ET ADDRESS - ST - ZiP | | |
| CHY+ST-ZIP TITLE | | DELETE | 3 1 111 | | | Change Addition |
| NAME | | | 3.2 NAM | E | | |
| STREET ADDRESS | | | 3.3 STR | EET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY | - ST - ZIP | | |
| TITLE | | ☐ DELETE | 4 1 111 | E | | Change Addition |
| NAME | | | 4.2 NAM | | | |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CHTY - ST - ZIP | | T DECEM | | - ST - ZIP | | ☐ Change ☐ Addition |
| TITLE | | ☐ DELETE | 5 1 T TI | ! | | Change |
| NAME | | | 5.2 NAN | | | |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CITY+S1-ZIP TITLE | | ☐ DELETE | 6 1 IITI | -ST-ZIP | | Change Addition |
| NAME | | | 6.2 NAM | · | | |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CITY-ST. ZIP | | | 6 4 CITY | - ST-ZIP | | |
| 14. I do hereby | | | furnished and d | oes not qualify | for the exemption stated in Section 119 ate and that my signature shall have the ils report as required by Chapter 607, F | |

SIGNATURE: ___

SIGNING OFFICER OR DIRECTOR SPACYLS

4.23 407-622 3242

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