

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

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Apr 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L40380** (2)

1. Corporation Name  
**S R S ENTERPRISES, INC.**

Principal Place of Business  
**795 BELVEDERE ROAD  
WEST PALM BEACH 33405**

Mailing Address  
**795 BELVEDERE ROAD  
WEST PALM BEACH 33405-1107**



3. Date Incorporated or Qualified **01/05/1990** 3a. Date of Last Report **04/26/1996**

4. FEI Number **65-0166647** 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

2. Principal Place of Business  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip  
29 Country  
30

**9006 Gardens Glen Cir  
West Palm Bch  
FL  
33418 USA**

9. Name and Address of Current Registered Agent

**SACKS, GEOFFREY M.  
795 BELVEDERE ROAD  
W. PALM BEACH 33405**

10. Name and Address of New Registered Agent

81 Name **Same**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**9006 Gardens Glen Cir**  
83 **W.P.B., FL**  
84 City **FL** 85 Zip Code **33418**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPS</b>	1.1 TITLE	<b>Same</b>
NAME	<b>SACKS, GEOFFREY M.</b>	1.2 NAME	<b>Same</b>
STREET ADDRESS	<b>795 BELVEDERE ROAD</b>	1.3 STREET ADDRESS	<b>9006 Gardens Glen Cir</b>
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>	1.4 CITY-ST-ZIP	<b>W.P.B. FL 33418</b>
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: **G. M. Sacks** Date: **4.7.97** Daytime Phone #: **561-627-2469**

CR2E034 (9/96)