FILED **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00** Apr 25 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # L83549 (0)ORETSKY ENTERPRISES, INC. Principal Place of Business Mailing Address *** RICHARD ORETSKY** % RICHARD ORETSKY 9180 STATE RD 84 9190 STATE RD 84 DAVIE FL 33324 DAVIE FL 33324-4454 Date of Last Report
04/22/1996 Date Incorporated or Qualified 06/27/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0200413 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Ζıp Country Country 8. This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent ORETSKY, RICHARD 81 Name 9190 STATE RD 84 82 Street **DAVIE FL 33324 B3** City 11. Pursuant to the provisions of Sections 607,0002 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 statute. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I an familiar with, and accept the appointment as registered agent. I an familiar with, and accept the appointment as registered agent. au SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6)Addition DELETE Change TITLE 1.1 TITLE **ORETSKY, RICHARD** NAME 1.2 NAME CR2E034 9340 CHELSEA DR S STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2 1 TITLE ORETSKY, JACE 2.2 NAME NAME 615 NW 112TH WAY STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELE1E Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CHTY - ST - ZIP TITLE DELETE 4.1 117LE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 101LE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 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 of the compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attact nen with an address.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

CICNATURE.

TITLE

NAME

STREET ADDRESS

CiTY-ST-7IP

4/1/8

x 984.473.2922

Change

Addition