

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L85629 (8)**

1. Corporation Name:  
**CROQUIS, INC.**



Principal Place of Business: **2651 NW 99 AVENUE CORAL SPRINGS FL 33065 US**  
Mailing Address: **2651 NW 99 AVENUE CORAL SPRINGS FL 33065 US**

3. Date Incorporated or Qualified: **07/02/1990** 3a. Date of Last Report: **08/11/1995**  
4. FEI Number: **65-0202068** 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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**GIMENEZ, KIMBERLY C.  
11630 NW 23RD. CT..  
CORAL SPRINGS FL 33065**

**10. Name and Address of New Registered Agent**

81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): **2651 NW 99 Avenue**  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_ 85. Zip Code: **FL**

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 \_\_\_\_\_

Signature typed or printed name of current agent (if applicable)

(If the Registered Agent signature is required at the time of filing)

DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GIMENEZ, ESTENIO</b>	
STREET ADDRESS	<b>2651 NW 99 AVENUE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GIMENEZ, KIMBERLY C.</b>	
STREET ADDRESS	<b>2651 NW 99 AVENUE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
2. 3. STREET ADDRESS	
2. 4. CITY-ST-ZIP	
3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. 2. NAME	
3. 3. STREET ADDRESS	
3. 4. CITY-ST-ZIP	
4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. 2. NAME	
4. 3. STREET ADDRESS	
4. 4. CITY-ST-ZIP	
5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 2. NAME	
5. 3. STREET ADDRESS	
5. 4. CITY-ST-ZIP	
6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2. NAME	
6. 3. STREET ADDRESS	
6. 4. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report is not a supplemental annual report due 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, unchanged, or on an attachment, with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954750968  
DATE: \_\_\_\_\_

CR2E034 (12/95)