

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L95335 (0)

1. Corporation Name

PROJECTION 2000 CORP.

Principal Place of Business

% YOLANDA STENMARK  
5353 N.W. 36TH ST.  
MIAMI SPRINGS FL 33166

Mailing Address

% YOLANDA STENMARK  
5353 N.W. 36TH ST.  
MIAMI SPRINGS FL 33166



3. Date Incorporated or Qualified

08/23/1990

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 8041 NW 14TH ST

26 8041 NW 14TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami FL

28 Miami, FL

Zip

Country

Zip

Country

24 33126

25 USA

29 33126

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STENMARK, YOLANDA  
5353 N.W. 36TH ST.  
MIAMI SPRINGS FL 33166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTV ☐ DELETE  
NAME RIVERS, YOLANDA  
STREET ADDRESS 5353 N.W. 36TH ST.  
CITY-STATE-ZIP MIAMI SPRINGS FL

TITLE SD ☐ DELETE  
NAME RIVERS, YOLANDA  
STREET ADDRESS 5353 N.W. 36TH ST.  
CITY-STATE-ZIP MIAMI SPRINGS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

8041 NW 14TH ST  
MIAMI, FL. 33126

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

8041 NW 14TH ST  
MIAMI, FL. 33126

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/96

(305) 593-9755

CR2E034 (12/95)