

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FILED
96 DEC 10 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **MSL0961**
1. Corporation Name
Corporate Stress Management, Inc.

Principal Place of Business
**19380 Collins Ave Apt 1014
Miami Fla 33160**

Mailing Address
**19380 Collins Ave Apt 1014
Miami Fla 33160**

2. Principal Place of Business
21 Corporate Stress Mgmt
Suite, Apt. #, etc.
22 1014
City & State
23 Miami Fla
Zip
24 33160
Country
25 USA

2a. Mailing Address
26 19380 Collins Ave
Suite, Apt. #, etc.
27 1014
City & State
28 Miami Fla
Zip
29 33160
Country
30 USA

3. Date Incorporated or Qualified
8/07/1987
3a. Date of Last Report
5/1/95
4. FEI Number
592834405
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
**Goldstein Brandy
19380 Collins Ave. Apt 1014
Miami Fla 33160**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
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CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

400002029144--5
-12/13/96--01085--015
***208.00 [] Change [] Addition

305 6829714

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **B. Goldstein** DATE: **Nov 4 96** DAYTIME PHONE: **305 6829714**

CR2E034 (3/96)

FIA Dep of State
Division of Corporations

Corporate Stress Mgt Inc
19350 Collins Ave Apt 1011
Miami Fla 33160

(2)

to whom it may concern.

I did not receive the Application from the
State it seems to have been sent to the
wrong Address. Please except my Apologies
And my check Along with this completed
Application. And I Ask that you waive the Reconstitution
Fee. Thank you very much B. Gold

Brandy Goldstein Pres.
Corporate Stress Mgt Inc.