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PROFIT CORPORATION ANNUAL REPORT

1996

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

NOTE: Everything is the SAME. NO changes made.

DOCUMENT # **M58610** **(0)**

1. Corporation Name

THE CORVETTE EXPERIENCE, INC.

Principal Place of Business	Mailing Address
4090 N.E. 9TH AVE. FT. LAUDERDALE FL 33334	4090 N.E. 9TH AVE. FT. LAUDERDALE FL 33334

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

3. Date Incorporated or Qualified: **09/04/1987**
3a. Date of Last Report: **06/28/1995**
4. FEI Number: **65-0047064** ☐ 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

9. Name and Address of Current Registered Agent

BARKER, STEVE
1721 SW 2ND AVE
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
NAME	BARKER, STEVE		
STREET ADDRESS	1721 SW 2ND AVE		
CITY, ST, ZIP	POMPANO BEACH FL		
TITLE	TD	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
NAME	BARKER, STEVE		
STREET ADDRESS	1721 SW 2ND AVE		
CITY, ST, ZIP	POMPANO BEACH FL		
TITLE		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY, ST, ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
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)(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: Steve Barker President Steve Barker President 02/12/96 (954) 563-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)