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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

M94358

(2)

Corporation Name
 FOREMOST ENTERPRISES, INC.

Principal Place of Business Mailing Address C/O LAURENCE R. MERVIS 8662 N.W. 44TH ST SUNRISE FL 33351 Mailing Address C/O LAURENCE R. M 8662 N.W. 44TH ST SUNRISE FL 33351							
					3. Date Incorporated or Qualified 08/16/1988	3a. Date of 06/1	Last Report 5/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0068165	<u> </u>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing		\$5.00 May Be
Zip	Country	Zip	Count	try	Trust Fund Contribution 8. This corporation has liability for in		Added to Fees nder s 199,032.
l <u> </u>	25	29	30		Florida Statutes	□ No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New R	egistered Age	nt
MEDIEO	LAUDENOE D		8	Name			
MERVIS, LAURENCE R. 8662 N.W. 44TH STREET			82 Street Addr		dress (P.O. Box Number is Not Acceptable)		
SUNRIS	E FL 33351		8	3			
			8	4 City		FL 8	5 Zip Code
Pursuant t Or register	to the provisions of Sections 607.05	502 and 607,1508, Florida Statul	tes, the above	named corp	poration submits this statement for the purpoper of directors. I hereby accept the appo	pose of changing	
familiar wit	ed agent, or both, in the State of Fi th, and accept the obligations of, Si	onua. Suon onange was authorizection 607.0505, Florida Statutes	zea by the co s.	rporation's b	oard of directors. I hereby accept the appo	ointment as régi	stered agent. Fam
IGNATURE							
SINTE -	Signature, typed or printed name of registered ac-	gent and title if applicable. INF	OTE: Begistered As	nent signatura reco	wired when rejectation		
		yent and trie if applicable. (No AND DIRECTORS	OTE: Registered Ap	gent signature requ	cired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIR	RECTORS IN 12
2.	OFFICERS A				ulted when reinstating) ADDITIONS/CHANGES TO OFF II		···
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SIGNATURE:

STONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECY-TREAS.

4-30-96 (954) 741-0400 Date Deptine Prone #