| FILE NOW: FILING FEE IS \$61.25 | | | | | | | | | |
|--|---------------------------------------|-----------------------------|---|------------------|-----------------------------|---|--|-----------------------------|------------------------|
| 1 | ONPROFIT RPORATION | | FLORIDA DEPAR | RTMENT | OF STATE | |] | | |
| ANNUAL REPORT | | | Sandra B. Mortham Secretary of State | | | | | | |
| | | | | CORPOR | ATIONS | | -1 | | |
| DOCUMENT # N25615 (8) | | | | | | | | | |
| | Roward Guardi/ | ANSHIP, INC. | | | | | | | |
| | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | IAL OLOII ƏIDIL OHULE DINAL | ALANY AYAN INAL |
| 10250 NW 53RD STREET 10250 NW 53RD STREET SUNRISE FL 33351 SUNRISE FL 33351 | | | | | | | | | |
| | | | | | | | 3. Date Incorporated or Qualified | 3a. Date of Last | Report |
| 2. Principal Pl | lace of Business | 2a. N | Address | | | | 03/28/1988 4. FEI Number | 03/02/19 | Applied For |
| 21 Suite, Apt. | # ata | 26 | 26 | | | | 65-0046681 | | Not Applicable |
| 22 | | 27 | Suite, Apt. #, etc. 27 | | | | 5. Certificate of Status Desired | | Additional Required |
| City & State | e | C 28 | ity & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | 0 May Be d to Fees |
| Zip 24 | Country 25 | Zi 29 | φ | Col 30 | untry | | 8. This corporation has liability for in Florida Statutes | | |
| | | s of Current Register | | | 81 Nam | | 10. Name and Address of New Re | | |
| CINSPERC SONIA | | | | | | DBERT A. BURTON | · · · · · · · · · · · · · · · · · · · | | |
| 10250 NW 53 STREET | | | | | 82 Stree | t Address (P.O. Box Number is Not Acceptable) 10250 N.W. 53 Street | | | |
| SUNRISE FL 33351 | | | | | | | | | |
| 84 City Su | | | | | | unrise | FL ⁸⁵ 3 | 3351 | |
| Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. | | | | | | | | | |
| SIGNATURE | Signature: typed or printed name of | Sil | ROBERT | | | | esident/CEO | 4/12/96 | |
| 12. | OF | FICERS AND DIRECTO | DRS | 13. | | · · · · · | ADDITIONS/CHANGES TO OFFIC | | HS IN 12 Addition |
| TITLE NAME | PTD Richter, Jacob | | DELETE | 1.1 T) 1.2 N/ | | V | D | 🔀 Change | Addition |
| STREET ADDRESS | 2600 NE 14TH ST (| | | | ame Treet addres | s | | | 1 72E037 |
| CITY - ST - ZIP TITLE | POMPANO BEACH | <u>FL</u> | DELETE | 1.4 Ci 2 1 Ti | TY-ST-ZP | VD | | Chance | |
| NAME | HAAS, DENNIS | | ADULLIL | 21 N 22 N | | Gor | don Rogers | [_] Change | Addition O |
| STREET ADDRESS | 3111 STIRLING RD FT. LAUDERDALE F | 1 | | 1 | reet addres | s 200 |) S. Biscayne Blvd. S ami, Fl 33131-2338 | te 3600 | |
| CATY - ST - ZIP TITLE | SD | L | DELETE | 2 4 C 3.1 Ti | ITY - ST - ZIP TLE | CD | ant, 11 00101-2000 | 🕅 Change | Addition |
| NAME | LAYSTROM, C.WILL 1177 SE THIRD AVI | | | 3 2 N/ | | | | | |
| STREET ADDRESS CITY - ST - ZIP | FT. LAUDERDALE F | | | | FREET ADDRES: HTY-ST-ZIP | ° 🗸 – | | | |
| TITLE | | | K DELETE | 4.1 TI | TLE 📢 | P | | Change | X Addition |
| NAME STREET ADDRESS | GINSBERG, SONIA 5160 N.W. 26TH CI | RCLE | | 4 2 N 43 SI | iame Treet addres: | ROF 372 | BERT A. BURTON 20 Coral Springs Driv | 'e | |
| CITY - ST - ZIP | BOCA RATON FL | | | | TY-ST-ZIP | Cor | al Springs, FL 3306 | 5 | |
| TITLE NAME | | | DELETE | 5 1 TI 5 2 N/ | | T | | Change | Addition |
| STREET ADDRESS | | | | | ame Ireet addres: | s | 10000180 | 0021 | |
| CITY-ST-ZIP TITLE | | | DELETE | | TY - ST - ZIP | _ | 10000180 -04/29/960112 ***61,25 | | |
| NAME | | | | 6.1 TH 6.2 NA | | | ***UI.CO | Change | |
| STREET ADDRESS | | | | | REET ADDRESS | 3 | | / | 4.2 |
| CITY-ST-ZIP 14. I do hereb | y certify that the informatic | on supplied with this filin | ig is voluntarily furnish | hand and | TY-ST-ZIP does not q | ualify for | the exemption stated in Section 119.07 | (3)(k), Florida Statute | es. I further |
| certify that the information indicated on this annual report of 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 13/1 changed, or on an attachment with an address. | | | | | | | | | |
| | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date | | | | | | | | | |