

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000001108 (9)

1. Corporation Name
SIX, INC.

Principal Place of Business

211 GARDEN RD
PALM BEACH FL 33480
US

Mailing Address

211 GARDEN RD
PALM BEACH GARDENS FL 33480-3219
US3. Date Incorporated or Qualified
11/02/19923a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 100 EUSTON
Suite, Apt. #, etc.

2a. Mailing Address

26 100 EUSTON
Suite, Apt. #, etc.4. FEI Number
65-0369767Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required23 ROYAL PALM BEACH, FL
Zip 33411 Country U.S.28 ROYAL PALM BEACH, FL
Zip 33411 Country D/S6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees

24 33411 25 PALM BCH

29 33411 30 D/S

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

POUILLE, THIERRY
211 GARDEN RD
PALM BEACH FL 3348081 Name
82 KEITH COLOMBO
83 Street Address (P.O. Box Number is Not Acceptable)
100 EUSTON84 ROYAL PALM BEACH FL 85 Zip Code
33411

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, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME COLOMBO, KEITH
STREET ADDRESS 100 EUSTON
CITY-ST-ZIP ROYAL PALM BEACH FL 334111.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE P
NAME POUILLE, THIERRY
STREET ADDRESS 211 GARDEN ROAD
CITY-ST-ZIP PALM BEACH FL 334802.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP3.1 TITLE DIRECTOR
3.2 NAME EDMOND DORMAN
3.3 STREET ADDRESS 400 EXECUTIVE CENTER DR. STE 204
3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97

Date

561-790-2050

Daytime Phone

CR2E034 (9/96)