

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000005058 (1)

1. Corporation Name

HIGH FIDELITY HOUSE INC. OF FLORIDA



Principal Place of Business

6600 W. ROGER CIRCLE
SUITE 12
BOCA RATON FL 33487
US

Mailing Address

6600 W. ROGER CIRCLE
SUITE 12
BOCA RATON FL 33487
US

3. Date Incorporated or Qualified

01/22/1993

3a. Date of Last Report

12/12/1995

4. FEI Number

~~23-1601275~~ 65-0378680

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADELBERG, KENNETH
6600 W. ROGER CIRCLE
SUITE 12
BOCA RATON FL 33487

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

Signature, typed or printed name of registered agent or officer if applicable

(VOID) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME ADELBERG, KENNETH J
STREET ADDRESS 6600 W. ROGERS CIRCLE, SUITE 12
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ DELETE

NAME ADELBERG, EDNA D
STREET ADDRESS 6600 W. ROGERS CIRCLE, SUITE 12
CITY-ST-ZIP BOCA RATON FL 33487

TITLE VP ☒ DELETE

NAME ROBBINS, ANITA M
STREET ADDRESS 6600 W. ROGERS CIRCLE, SUITE 12
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ DELETE

NAME ROBBINS, JON A
STREET ADDRESS 6600 W. ROGERS CIRCLE, SUITE 12
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME ROBBINS, DAVID E
STREET ADDRESS 6600 W. ROGERS CIRCLE, SUITE 12
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

NO LONGER OFFICER OR DIRECTOR
OF HIGH FIDELITY HOUSE, INC. OF FLORIDA

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)(4), Florida Statutes. I further certify that the information indicated in 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 in any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)