

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000026121 (2)

1. Corporation Name

SHURSON ENTERPRISES, INC.



Principal Place of Business

Mailing Address

20281 E. COUNTRY CLUB DRIVE
#507
NORTH MIAMI FL 33180

2874 NE 191 STREET
702B
NORTH MIAMI BEACH FL 33180
US

3. Date Incorporated or Qualified

04/07/1993

3a. Date of Last Report

02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 2875 NE 191 Street

26 2875 NE 191 Street

4. FEI Number

65-0507688

Applied For

Not Applicable

22 702B

27 702B

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 Aventura FL

28 Aventura FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 33180

29 33180

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

SHUR, RORY C
20281 E. COUNTRY CLUB DRIVE
#507
NORTH MIAMI FL 33180

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

2875 N.E. 191 Street Suite 702B

83

84 City

Aventura

FL

85

Zip Code
33180

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 in application

(NOTE: Registered Agent's signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SHUR, RORY C
STREET ADDRESS 20281 E. COUNTRY CLUB DR. #507
CITY, ST, ZIP NORTH MIAMI FL 33180

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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TITLE
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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

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)(k), 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

Date

Daytime Phone #

CR2E034 (12/95)