

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

FILED
Apr 04, 1996 08:00 AM
Secretary of State

DOCUMENT # **P93000030007 (7)**

1. Corporation Name

RELATED ENTERPRISES, INC.



Principal Place of Business

**500 SE 4 COURT
POMPANO BEACH FL 33060**

Mailing Address

**500 SE 4 COURT
POMPANO BEACH FL 33060**

3. Date Incorporated or Qualified
04/23/1993

3a. Date of Last Report
05/10/1995

2. Principal Place of Business

21 **810 SE 2 AVE**

2a. Mailing Address

26 **P.O. Box 1082**

4. FEI Number
65-0405121

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

23 City & State

POMPANO Bch, FL

28 City & State

DELFIELD Bch, FL

24 Zip **33060**

25 Country **USA**

29 Zip **33443**

30 Country **LST**

9. Name and Address of Current Registered Agent

**FERREIRA, LUCILLE
500 SE 4 CT.
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

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 607.0506, Florida Statutes.

SIGNATURE **LUCILLE FERREIRA**

3/31/96

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	FERREIRA, LUCILLE	
STREET ADDRESS	500 SE 4 COURT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
810 SE 2 AVE POMPANO Bch, FL 33060
<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **LUCILLE FERREIRA**

3/31/96

**954
784-6440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)