

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 # P93000036822 (3)

1. Corporation Name

SCREENCRAFTERS AND LEISURE INCORPORATED



Principal Place of Business

4500 SW 133RD AVE.
FT. LAUDERDALE FL 33330

Mailing Address

4500 SW 133RD AVE.
FT. LAUDERDALE FL 33330

3. Date Incorporated or Qualified
05/20/1993

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2b. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FET Number
65-0408532

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENDER, JOHN P
10605 NW 8TH ST.
PEMBROKE PINES FL 33026

81 Name BENDER, JOHN P
82 Street Address (P.O. Box Number is Not Acceptable)
7821 N.W. 12TH ST.
83
84 City PEMBROKE PINES FL 85 Zip Code 33024

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, if applicable)

(Typed, signed and Agent's signature must be submitted)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME BENDER, JOHN P
STREET ADDRESS 10605 NW 8TH ST
CITY-ST-ZIP PEMBROKE PINES FL

TITLE VP ☐ DELETE
NAME DANJEAN, ROGER
STREET ADDRESS 4500 SW 133 AVE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE T ☐ DELETE
NAME DANJEAN, JACQUELINE A
STREET ADDRESS 4500 SW 133 AVE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE S ☒ DELETE
NAME BENDER, JULIA
STREET ADDRESS 10605 NW 8TH ST
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE P ☒ Change ☐ Addition
2. NAME BENDER, JOHN P
3. STREET ADDRESS 7821 N.W. 12TH ST.
4. CITY-ST-ZIP PEMBROKE PINES FL 33024

2. TITLE ☐ Change ☐ Addition
2. NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
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

4/26/96 (954) 434-8341
TREASURER

CR2E034 (12/95)