

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P93000047115 (9)**

1. Corporation Name  
**SIPARUSH, INC.**



Principal Place of Business Mailing Address  
**728 ENFIELD ST. BOCA RATON FL 33487**

3. Date Incorporated or Qualified **06/28/1993** 3a. Date of Last Report **05/01/1995**  
 4. FEI Number **65-0424529** 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. Suite, Apt #, etc 26. Suite, Apt #, etc  
 22. City & State 27. City & State  
 23. Zip 28. City & State  
 24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent  
**WEITZ, PATRICIA  
 728 ENFIELD ST.  
 BOCA RATON FL 33487**

10. Name and Address of New Registered Agent  
 81 Name **PATRICIA E. WEITZ**  
 82 Street Address (P.O. Box Number is Not Acceptable) **728 ENFIELD ST.**  
 83 **BOCA RATON,**  
 84 City **FL** 85 Zip Code **33487**

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 in agreement with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Patricia Weitz* **PATRICIA WEITZ** **8-6-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEITZ, SIDNEY</b>	
STREET ADDRESS	<b>728 ENFIELD ST.</b>	
CITY - ST - ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEITZ, PATRICIA</b>	
STREET ADDRESS	<b>728 ENFIELD ST.</b>	
CITY - ST - ZIP	<b>BOCA RATON FL 33487</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>WEITZ, PATRICIA E.</b>
13 STREET ADDRESS	<b>728 ENFIELD ST.</b>
14 CITY - ST - ZIP	<b>BOCA RATON, FL 33487</b>
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>WEITZ, SIDNEY D. JR.</b>
23 STREET ADDRESS	<b>321 FORSYTH ST.</b>
24 CITY - ST - ZIP	<b>BOCA RATON, FL 33487</b>
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>WEITZ, SHELBY D.</b>
33 STREET ADDRESS	<b>728 ENFIELD ST.</b>
34 CITY - ST - ZIP	<b>BOCA RATON, FL 33487</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Patricia Weitz* **PATRICIA WEITZ** **8-6-96** **305-942-6100**

CR2E034 (3/96)