

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 # P 93 000052 ~~932~~
1. Corporation Name
Satisfaction, Inc.

Principal Place of Business
700 N.W. 107 Ave.
Miami, FL 33172

Mailing Address
Same

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
7-27-93

3a. Date of Last Report
5-01-95

4. FEI Number
65-0447163

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

Wlatsky, Morris J.
700 N.W. 107 Ave.
Miami, FL 33172

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 000001853050
-06/06/96--01022--036
84 City ***200.00 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, displayed agent and director names

Signature typed or printed name, displayed agent and director names

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	P/D
STREET ADDRESS		1.3 STREET ADDRESS	Saiontz, Steven J.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	700 N.W. 107 Ave Miami, FL 33172
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	V/S/D
STREET ADDRESS		2.3 STREET ADDRESS	Reed, Linda
CITY-ST-ZIP		2.4 CITY-ST-ZIP	700 N.W. 107 Ave Miami, FL 33172
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	V/D
STREET ADDRESS		3.3 STREET ADDRESS	Kaminsky, Nancy
CITY-ST-ZIP		3.4 CITY-ST-ZIP	700 N.W. 107 Ave Miami, FL 33172
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	V
STREET ADDRESS		4.3 STREET ADDRESS	Modist, Debra
CITY-ST-ZIP		4.4 CITY-ST-ZIP	700 N.W. 107 Ave Miami, FL 33172
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	T/V
STREET ADDRESS		5.3 STREET ADDRESS	Munoz, Janice
CITY-ST-ZIP		5.4 CITY-ST-ZIP	700 N.W. 107 Ave Miami, FL 33172
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	V
STREET ADDRESS		6.3 STREET ADDRESS	PeKor, Allan J.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	700 N.W. 107 Ave Miami, FL 33172

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

Debra Modist 4/23/96 (305) 227-6400

Date

Display Phone #

CR2E034 (12/95)