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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham •

Secretary of State
DIVISION OF CORPORATIONS

.1997 DOCUMENT # P9300056478 (9)

FILED Apr 25 1997 8:00am Secretary of State

| Principal Place of Business SAPIR CORPORATION Principal Place of Business SAPIR CORPORATION Mailing Address SAPIR CORPORATION Principal Place of Business Mailing Address SAPIR CORPORATION LAKE WORTH FL 33463-7360 | | | CYPRESS CIR. | | | | | |
|---|---|--|---|---|---|------------------------|---------------------------|-------------------------------|
| | | | | | Date Incorporated or Qualified 08/11/1993 | 3a. Date of 04/17/1 | | eport |
| 2. Principal Pi | iace of Business | 2a, Mailing Ac | idress | | 4. FEI Number | - \ - ' - ' | Ap | plied For |
| 1 Suite, Apt. | # oka | 26 Suite, Apt. | # etc | | 65-0436642 | | | t Applicable |
| 2 30 le, Apr | #, 1:10 | (27) | #, U G. | | 5. Certificate of Status Desired | | 5.70 A Fee Re | Additional quired |
| City & \$tale | () | City & Stat | te | | 6. Election Campaign Financing | \$ | 5.00 | May Be |
| 3]. | | 28 | | | Trust Fund Contribution | | Added t | |
| Ζφ Τι | Country | Zip | ├ ─¬ | Country | 8. This corporation has liability fo | or intangible tax u | | 199.032, |
| 4 | 25 9. Name and Address of Cur | 29 rrent Registered Ager | 30 <u>30 </u> | | Florida Statutes 10. Name and Address of New F | | | |
| 11. Pursuant I | to the provisions of Sections 607.0 | 0502 and 607.1508, FI | orida Statutes, the | 84 6 2 | en Wanty | FL 85 | Zip (| Code (1/2) s registered |
| | im familiar with, and accept the ot | late of Florida. Such of bligations of, Section 6 | nange was author 07.0505, Florida S | ized by the corpora Statutes. | rporation submits this statement for the ation's board of directors. I hereby acc | ept the appointm | nënt as | registered |
| SIGNATURE | Supracure, typical or pointed name of registered | d agent and title if applicable. | (NOTE: Regis | tered Agent signature requ | uired when reinstaling) | DATE | | |
| SIGNATURE | Signature, typical or pointed name of registered OFFICERS. | d agent and title if applicable. AND DIRECTORS | (NOTE: Regis | tered Agent signature requ | | DATE | ECT O R | S IN 12 |
| EIGNATURE 2. III.E IAME STREET ADDRESS | Signal r.c. by ed or pointed name of registrated OFFICERS. D SAPIR, JACK 6343 GRAND CYPRESS CIF | d agent and the if applicable. AND DIRECTORS | (NOTE: Regist 1. DELETE 1. 1. | Isred Agent signature requi 3. .1 TITLE 2 NAME 3 STREET ADDRESS | uired when reinstaling) | DATE | | |
| SIGNATURE 2. II.E IAME SIREST ADDRESS ATY-SI-70P HIF IAME IAME IMEET ADDRESS | OFFICERS D SAPIR, JACK 6343 GRAND CYPRESS CIF LAKE WORTH FL 33463-73 | AND DIRECTORS R. AND ARITH | (NOTE Regist 1. DELETE 1. 1. DELETE 2. 2. | Isred Agent signature required. 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS | uired when reinstaling) | DATE FICERS AND DIRE | ECT O R | S IN 12 |
| SIGNATURE 2. III.E IAME SIREET ADDRESS CITY-SI-7IP REFE IAME SIREET ADDRESS CITY-SI-7IP III.E VAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS | Symmer by sold printed name of registrated OFFICERS. D SAPIR, JACK 6343 GRAND CYPRESS CIF JLAKE WORTH FL 33463-73 SAME FAS REG SUE CAP 13 1 CE ME | R. AP IT | (NOTE Regis) 1. DELETE 1. 1. DELETE 2. 2. DELETE 3. A FIE 3. | Isred Agent signature required 3. 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS | uired when reinstaling) | DATE ICERS AND DIRI | ECTOR Change | S IN 12 |
| 2. IT.E IAME STREET ADDRESS SHY-ST-ZIP HTE HAME HAME HAME HAME HAME HAME HAME HAM | OFFICERS D SAPIR, JACK 6343 GRAND CYPRESS CIF LAKE WORTH FL 33463-73 SAME FARE CE | R. 160 | CHOTE Regist DELETE 1. DELETE 2. DELETE 2. DELETE 3. A FIE 3. DELETE 4. 4. | as treet adoress 1 Title 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-SP-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS | uired when reinstaling) | DATE FICERS AND DIRI | ECTOR Change Change | S IN 12 Addition |
| BIGNATURE 2. THE IAME | Symmer by sold printed name of registrated OFFICERS. D SAPIR, JACK 6343 GRAND CYPRESS CIF JLAKE WORTH FL 33463-73 SAME FAS REG SUE CAP 13 1 CE ME | R. 160 | (NOTE Regis 1. DELETE 1. 1. 1. DELETE 2. 2. 2. DELETE 3. A 1/1. 3. DELETE 4. 4. DELETE 5. 5. | as treet adoress 4 city-st-zip 1 title 2 NAME 3 STREET ADDRESS 4 city-st-zip 1 title 2 NAME 3 STREET ADORESS 4 city-st-zip 1 title 2 NAME 3 STREET ADORESS 4 city-st-zip 1 title 2 NAME 3 STREET ADORESS 4 city-st-zip 1 title 2 NAME | uired when reinstaling) | DATE FICERS AND DIRI | ECTOR Change Change | S IN 12 Addition Addition |

4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Turner 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. Elorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

and frage

Daytime 3hone #

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