

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
45

05 JUN - 1 1995 25

DOCUMENT # **P93000064500 (0)**

1. Corporation Name

SURE SELLER, INC.

Principal Place of Business

**110 PEGASUS DR.
JUPITER FL 33477**

Mailing Address

**110 PEGASUS DR.
JUPITER FL 33477**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1993

3a. Date of Last Report

02/28/1994

4. FEI Number

65-0434267

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. 193.032,
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21 99 Spring St.

2a. Mailing Address

26 99 Spring St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 New York, NY

City & State

28 New York, NY

Zip

24 10012

Country

25 USA

Zip

29 10012

Country

30 USA

9. Name and Address of Current Registered Agent

**COHEN, LISA
110 PEGASUS DR.
JUPITER FL 33477**

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 607.1504, 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 S. 193.032, Florida Statutes.

SIGNATURE

Lisa Cohen

S-2675

12. OFFICERS AND DIRECTORS

12.1 NAME	D
12.2 STREET ADDRESS	COHEN, LISA
12.3 CITY & STATE	110 PEGASUS DR. JUPITER FL 33477
12.4 NAME	
12.5 STREET ADDRESS	
12.6 CITY & STATE	
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY & STATE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY & STATE	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	D	☒ Change ☐ Addition
13.2 STREET ADDRESS	Anita Shapolsky	
13.3 CITY & STATE	152 E. 65th Street	
13.4 NAME	New York, NY 10021	☐ Change ☐ Addition
13.5 STREET ADDRESS		
13.6 CITY & STATE		☐ Change ☐ Addition
13.7 NAME		
13.8 STREET ADDRESS		
13.9 CITY & STATE		☐ Change ☐ Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY & STATE		☐ Change ☐ Addition
13.13 NAME		
13.14 STREET ADDRESS		
13.15 CITY & STATE		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.03(4)(b), 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. 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:

Anita Shapolsky

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

5/26/95

212-334-9755