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FILED

May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000066434 (0)

1. Corporation Name

SUSAN INCE ASSOCIATES, INC.

Principal Place of Business

800 CYPRESS WAY  
BOCA RATON FL 33486  
US

Mailing Address

800 CYPRESS WAY  
BOCA RATON FL 33486-5535  
US



3. Date Incorporated or Qualified

09/20/1993

3a. Date of Last Report

07/16/1996

4. FEI Number

65-0475266

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

GAYLORD, MARC R ESQ  
4800 N. FEDERAL HIGHWAY  
SUITE 306B  
BOCA RATON FL 33431

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 607.1508, 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 and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D  
INCE, SUSAN  
2931 N.W. 28TH TERRACE  
BOCA RATON FL 33431

11 TITLE ☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY-ST-ZIP

14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

21 TITLE ☐ Change ☐ Addition

STREET ADDRESS

22 NAME

CITY-ST-ZIP

23 STREET ADDRESS

TITLE ☐ DELETE

NAME

24 CITY-ST-ZIP

STREET ADDRESS

31 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

32 NAME

TITLE ☐ DELETE

NAME

33 STREET ADDRESS

STREET ADDRESS

34 CITY-ST-ZIP

CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

51 TITLE ☐ Change ☐ Addition

STREET ADDRESS

52 NAME

CITY-ST-ZIP

53 STREET ADDRESS

TITLE ☐ DELETE

NAME

54 CITY-ST-ZIP

STREET ADDRESS

61 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] DATE: 11/30/97 (A) 347-0610

CR2E034 (9/96)