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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

1996

DIVISION OF CORPORATIONS

1. Corporation Name	(1)
RESEARCH ENTERPRISES, INC.	

1351 S KILLIAN DR., SUITE A

Principal Place of Business

Mailing Address

1351 S KILLIAN DR., SUITE A



LAKE PARK	FL 33403		lake park fl	33403						
							3. Date Incorporated or Qualified 09/30/1993	3a. Date	of Last 5/01/19	
2. Principal P	lace of Busines	S	2a. Mailing Addre	SS			4. FEI Number			Applied For
Suite Apt.	# etc		26				65-0436563		\Box	Not Applicable
22			Suite, Apt #.	etc.			5. Certificate of Status Desired			5 Additional Required
City & Stat	e		Oity & State	ite			Election Campaign Financing Trust Fund Contribution	00 May Be led to Fees		
Ζιρ 24	-	Country	Zip	<u> </u>	untry	•	8. This corporation has liability for	intangible ta	x under	s 199.032,
24	0 Name of	- 1	29	30	_,		· 	□ No		
	9. Name a	nd Address of Curr	ent Registered Agent		81		10. Name and Address of New F	legistered A	Agent	
CANEO	DO DANII				81	Name				
	rd, dan L Killian dr				82	Street A	reet Address (P.O. Box Number is Not Acceptable)			
SUITE A	VICTION DR				60	ļ				
	v ARK FL 3340:	9			83					
LANE P	MINN FL 334U	3			84	City			85	7ip Code
11 Durament	ta tha and faire	(0) 007.01	A.T					FL		
or register familiar wi	red agent, or bo ith, and accept i	oth, in the State of Flo the obligations of, Se	orida. Such change was a ection 607.0505, Florida S	ataldies, the adulthorized by the tatutes.	corp	oration's t	poration submits this statement for the purporation of directors. Thereby accept the appropriate the purporation of directors.	pose of cha pintment as	nging its registere	registered office id agent. Lam
SIGNATURE	Signature typed or p	miled han to Of recodered ag			a Agen	itsgratur no	provid which non-stating?	DA*E		
12.	T 6	OFFICERS A	ND DIRECTORS	13.			ADD/TIONS/CHANGES TO OFF	CERS AND	DIRECT	ORS IN 12
TITLE	-	DANII	☐ DELET	E 11	TIFLE] Change	Add-tion
NAME	SANFORD			121	IAME	İ				
STREET ADDRESS		LLIAN DR, SUITE	A	135	THEFT	ADDRESS				
CITY - ST - ZIP	LANE PAH	K FL 33403			11y - S	T - 21P				
TITLE			DELET	E 21	TITLE] Change	☐ Addition
NAME				221	AME					
STREET ADDRESS				238	IREET	ADDRESS				
CITY-ST-ZIP TITLE					11Y-S	1 - ZIP				
			☐ DELET	E 3.11	IILE] Change	☐ Addition
NAME				. 32N	AME	1				
STREET ADDRESS	İ			333	THEET	ADDRESS				
CITY-ST-ZIP TITLE				-	HTY - ST	T-ZIP				
			☐ DELETI	4 1 7	ITLE				Change	☐ Addition
NAME CAREET LEAGUESE				. 42 N	AME	İ				
STREET ADDRESS				435	TREET :	ADDRESS				
CITY - ST - ZIF TITLE			F7 65 57		ITY - 51	- 21P				
			☐ DELETE						Change	Addition
NAME STOREL ADDOCOS				5 2 N		-				
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP			The ex		1Y-\$1	ZIP				
Į.			DELETE			ľ			Change	☐ Addition
NAME				6 2 No	AME					
STREET ADDRESS				6381	REELA	ADDRESS				
CITY - ST - ZIP	. codif. dhat "			6 4 CI	T <u>Y</u> ST	- 7iP				
TALLEDO DOCODA	and tent to although	INTOMINATION OF ANTANA								

I do hereby certify that the information supplied with this fung 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 appears in Block 12 or Block 13 if changed, or on an attrachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED PARE OF SIGNING OFFICER OR DIRECTOR SANFORD 5/14/96 (407)844-5580