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CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000069326 (5) DOCUMENT #

## **FILED** Jan 29 1998 8:00am Secretary of State

FLOR-SOURCE ENTERPRISES, INC. Principal Place of Business Mailing Address 12645 SO DIXIE HWY 12645 S DIXIE HWY MIAMI FL 33156 **MIAMI FL 33156** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/06/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0441900 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PLOTKIN, ROBERT 12645 SO DIXIE HWY 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33156 83 Zip Code 11. Pursuant to the provisions of 850 ions 607.0502 and 607 office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of \$2.000. .1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered appropriate was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the appointment as registered accept. 250.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition PLOTKIN, ROBERT NAME 1.2 NAME CR2E034 STREET ADDRESS 12645 S DIXIE HWY 1.3 STREET ADDRESS MIAMI FL 33156 CITY - ST - ZIP 1.4 CITY - ST- ZIP \_\_ DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-2IP ☐ DELETE Addition Change 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3.4. CITY-ST-ZIP \_\_ DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I 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 supplied annual report is true and acceptate 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 entryet 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 acceptate and the received the rec

SIGNATURE: