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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Corporation Name

STREET ADDRESS

SIGNATURE

P93000084343 (1) **DOCUMENT #**

PAF ENTERPRISES	OF	SOUTH	FLORIDA.	INC.

Mailing Address Principal Place of Business 4811 BANYAN LANE AR11 RAMYAN LANE TAMARAC FL 33319 TAMARAC FL 33319 3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1995 12/06/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0473782 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intaggible tax under s 199.032, Florida Statutes Yes No Country Zip Country Ζıp 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) PACHTER, BERNARD D 82 **4811 BANYAN LANE** TAMARAC FL 33319 City Zip Code 84 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 reinstating) (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE TILE CR2E034 PACHTER, BERNARD D 1.2 NAME NAME **4811 BANYAN LANE** 1.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 1.4 CHTY - ST- ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 2.1 TITLE DCEO TITLE FOX, JACK L 2.2 NAME NAME 216-10 17TH AVENUE 23 STREET ADDRESS STREET ADDRESS BAYSIDE NY 2.4 CITY-\$1-2IP CITY-ST-ZIP ☐ Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP C(1) - ST - Z(P Change Addition ☐ DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE THILE 5.2 NAME 5.3 STREFT ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF Change ■ Addition □ DELETE 6. 1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 cath; 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 chapted, if on an attachment with an address.