

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000000185 (6)**

1. Corporation Name

BUSY BROOMS, INCORPORATED



Principal Place of Business

**10710 SW 126TH AVE
MIAMI FL 33186**

Mailing Address

**10710 SW 126TH AVE
MIAMI FL 33186**

2. Principal Place of Business

21 28401 SW 202 AVE

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLORIDA

Zip

24 33030

Country

25 U.S.A.

2a. Mailing Address

26 28401 SW 202 AVE

Suite, Apt. #, etc.

27 MIAMI

City & State

28 FLORIDA

Zip

29 33030

Country

30 U.S.A.

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

08/22/1995

4. FEI Number

65-0460446

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

**CRIMARCO, GEORGE E
10710 SW 126TH AVE
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
28401 SW 202 AVE

83.

84. City

MIAMI

FL

85. Zip Code

33030

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 of person performing duties of registered agent

Signature of Registered Agent (Signature required when changing)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

BENJAMIN, KARL

STREET ADDRESS

10710 SW 126TH AVENUE

CITY - ST - ZIP

MIAMI FL 33186

TITLE

D

☐ DELETE

NAME

BENJAMIN, MARILYN

STREET ADDRESS

10710 SW 126TH AVENUE

CITY - ST - ZIP

MIAMI FL 33186

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY - ST - ZIP

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STREET ADDRESS

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CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☒ Change

☐ Addition

2. NAME

3. STREET ADDRESS

28401 SW 202 AVE

4. CITY - ST - ZIP

MIAMI, FL 33030

5. TITLE

☒ Change

☐ Addition

6. NAME

7. STREET ADDRESS

28401 SW 202 AVE

8. CITY - ST - ZIP

MIAMI, FL 33030

9. TITLE

☐ Change

☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

☐ Change

☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

☐ Change

☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

☐ Change

☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

29. TITLE

☐ Change

☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

33. TITLE

☐ Change

☐ Addition

34. NAME

35. STREET ADDRESS

36. CITY - ST - ZIP

37. TITLE

☐ Change

☐ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

305-248-4999

CR2E034 (12/95)