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Feb 04 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 # P94000002563 (2)

1. Corporation Name

ELEGANCE CORPORATION OF BROWARD



Principal Place of Business

Mailing Address

~~441 SOUTH FEDERAL HWY.
DEERFIELD BEACH FL 33441
US~~

~~441 SOUTH FEDERAL HWY.
DEERFIELD BEACH FL 33441-4133
US~~

3. Date Incorporated or Qualified
01/11/1994

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 4335 NW 115th Ave
Suite, Apt #, etc

26 4335 NW 115th Ave
Suite, Apt #, etc.

4. FEI Number

65-0458641

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

22 City & State
Coral Springs, FL
Zip Country
33065 USA

27 City & State
Coral Springs, FL
Zip Country
33065 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SUHANDRON, KENNETH
441 SOUTH FEDERAL HWY.
DEERFIELD BEACH FL 33441~~

81 Name
Dean Graziano
82 Street Address (P.O. Box Number is Not Acceptable)
4335 NW 115th Avenue
83
84 City
Coral Springs
85 Zip Code
FL 33065

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 Dean Graziano

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-28-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE 2 SUHANDRON, KENNETH ☒ DELETE
NAME
STREET ADDRESS 441 SOUTH FEDERAL HWY.
CITY - ST - ZIP DEERFIELD BEACH FL

1.1 TITLE D Dean Graziano ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4335 NW 115th Avenue
1.4 CITY - ST - ZIP Coral Springs, Florida 33065

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: Dean Graziano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-97

Date

954-341-9743

Daytime Phone #

CR2E034 (9/96)