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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	AL REPORT 996	DI	Sandra B. M Secretary o VISION OF COR	of State	INS	_		
DOCUN 1. Corporation DIRECT	MENT # P9400 Name EFFECT, INC.	000265	69 (8)					
Principal Place	of Business	Mailing Addr	ess				i 50 0111 65 111 66110 14 0 50 41	101 0148 1011 1001
10530 SW 16 MIAMI FL 331	=	10530 SW 161ST TER MIAMI FL 33157						
						3. Date Incorporated or Qualified 01/10/1994	3a. Date of Last 05/01/1	995
2. Principal Pla	ce of Business	2a. Mailing A	Address			4. FEI Number		Applied For Not Applicable
21		26		-		65-9820000	89	75 Additional
Suite, Apt. #	e, etc.	Suite, Ar	nt. #, etc.			5. Certificate of Status Desired		e Required
City & State		City & S	tate			6. Election Campaign Financing		.00 May Be
23		28				Trust Fund Contribution	70	ded to Fees
Zip	Zip Country		Zip			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ■ Yes □ No		
24	9. Name and Address of Curre	29	ent 3	01		10. Name and Address of New		
	9. Name and Address of Curr	ent negistered Ag		81	Name			
	N DANIEL I			82	Stroot Add	ress (P.O. Box Number is Not Accepta	blei	
	KAUFMAN, DANIEL I 2122 HOLLYWOOD BLVD					ress (F.O. DOX Former)		
	/OOD FL 33020			83				
HOLLIY	1000 1 5 30020			84	City		85	Zip Code
1				1	1 1		- FL	
11. Pursuant or register familiar wi SIGNATURE	to the provisions of Scotions 607.05, ed agent, or both, in the State of Fith, and accept the obligations of Scotions of Scoti	ection 607.0505. Fid	orida Statutes.	Brightned Age	3011101101	ration submits this statement for the p and of directors. Thereby accept the ap and when restabling	DATE	
12.	OFFICERS A	AND DIRECTORS		13.	т	ADDITIONS/CHANGES TO OF	FICENS AND DIREC	
TITLE	D			1 1 TITLE				30
NAME	DEMERS, RICHARD F			1.2 NAME	i			
STREET ADDRESS	10530 SW 161ST TER			13 STREE	-T ADDRESS			
CITY - ST - ZIP	MIAMI FL 33157		DELETE	2 1 TITLE			Chan	ge 🔲 Addition
TITLE		<u> </u>	,	2.2 NAM6				
NAME execut approprie	ļ.				E1 ADDRESS			
STREET ADDRESS				24 GITY	· ST · Z:P			
CiTY - ST - ZiP			DELETE	3 1 11/0			☐ Char	ige 🔲 Addition
NAME				3.2 NAMI				
STREET ADDRESS				33 SIR	ET ADDRESS			
CITY-ST-ZIP	<u> </u>			3.4 017	S1 - Z1F		F7 (b)	nge Addition
TITLE			DEFELE	4 ° TITU	F		Char	.ge L Adaicsii
NAME				4.2 NAM	J			
STREET ADDRESS				1	ET ADDRESS			
CITY - ST - ZiP			3 DEL 616	4.4 C/TY			☐ Chai	nge 🔲 Addition
TITLE		L	DELETE	5 1 TITE 5 2 NAM	į			_
NAME				1	ET ADDRESS			
STREET ADORESS					-SI-ZIF			
CITY-ST-ZIP			DELETE	6 1 T.H			☐ Cha	nge 🔲 Addition
TITLE NAME			-	6.2 NAM				
1 DOME	1				I			

CITY-ST-ZIF

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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 triat 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: // Charge And Typed on Printed Name of Signing Officer on Director of Department of Signature and Typed on Printed Name of Signing Officer on Director

CR2E034 (12/95)