

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000003906 (2)

1. Corporation Name

FLOATLINE, INC.



Principal Place of Business

Mailing Address

2270 N.W. 87 TERRACE
#216
PEMBROKE PINES FL 33024
US

P.O. BOX 840509
#216
PEMBROKE PINES FL 33084
US

3. Date Incorporated or Qualified
01/18/1994

3a. Date of Last Report
06/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0471792

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

10. Name and Address of New Registered Agent

MORENO, JOSE
2270 N.W. 87 TERRACE
#216
PEMBROKE PINES FL 33024

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, if that is applicable

Signature typed or printed name of new registered agent, if that is applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

PD
MORENO, JOSE M
2270 N.W. 87 TERRACE
PEMBROKE PINES FL

TITLE ☐ DELETE

SD
GUIDINO, ROMULO L. R
2270 N.W. 87 TERRACE
PEMBROKE PINES FL

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
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 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

6/25/96 (954) 967-8144

CR2E034 (12/95)