

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 # P94000007321 (0)

1. Corporation Name

GROUP 22 ENTERPRISES, INC.



Principal Place of Business

8084 W. MCNAB ROAD
SUITE 750
NORTH LAUDERDALE FL 33068

Mailing Address

8084 W. MCNAB ROAD
SUITE 750
NORTH LAUDERDALE FL 33068

3. Date Incorporated or Qualified
01/28/1994

3a. Date of Last Report
07/21/1995

2. Principal Place of Business

2a. Mailing Address

21 1253 University Dr.

26 1253 University Drive

4. FEI Number
65-0560070

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 # 276

27 # 276

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

City & State

City & State

24 Coral Springs, FL

28 Coral Springs, FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 Zip

Country

25 Zip

Country

24 33071

25 BROWARD

29 33071

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SATTERFIELD, BONNIE S.
8084 W. MCNAB ROAD
SUITE 750
NORTH LAUDERDALE FL 33068

81 Name BONNIE S. SATTERFIELD
82 Street Address (P.O. Box Number is Not Acceptable) 3360 GREENVIEW TERRACE EAST
83
84 City MARGATE FL 85 Zip Code 33063

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 607.0506, Florida Statutes.

SIGNATURE

Bonnie S. Satterfield

(NOTE: Registered Agent signature required when reinstating)

4/21/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTVS ☐ DELETE
NAME SATTERFIELD, BONNIE S.
STREET ADDRESS 8084 W MCNAB RD
CITY-ST-ZIP N LAUDERDALE FL 33068

1.1 TITLE PTVS ☒ Change ☐ Addition
1.2 NAME BONNIE S. SATTERFIELD
1.3 STREET ADDRESS 3360 Greenview Terrace East
1.4 CITY-ST-ZIP Margate, FL 33063

TITLE D ☐ DELETE
NAME SATTERFIELD, BONNIE S.
STREET ADDRESS 8084 W MCNAB RD
CITY-ST-ZIP N LAUDERDALE FL 33068

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME BONNIE S. SATTERFIELD
2.3 STREET ADDRESS 3360 Greenview Terrace East
2.4 CITY-ST-ZIP Margate, FL 33063

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 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: *Bonnie S. Satterfield*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96 (954) 527-2465
Date Daytime Phone

CR2E034 (12/95)