SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000007919 (1)

1. Corporation Name

4206, INC.

Principal Place of Business	Mailing Address
2519 NORTH OCEAN BLVD. SUITE 401 BOCA RATON FL 33431	2519 NORTH OCEAN BLVD. SUITE 401 BOCA RATON FL 33431

3. Date Incorporated or Qualified: 01/31/1994
3a. Date of Last Report: 01/26/1995

2. Principal Place of Business	2a. Mailing Address
21 1465 N. OCEAN BLVD.	26 1465 N. OCEAN BLVD
22 Suite, Apt. #, etc. GULF STREAM	27 Suite, Apt. #, etc. GULF STREAM, FL
23 City & State FL. 33483	28 City & State 33483
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number 65-0464034 ~~APPLIED FOR~~ ☐ 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

INCE, PETER
2519 NORTH OCEAN BLVD.
SUITE 401
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: INCE, PETER
82 Street Address (P.O. Box Number is Not Acceptable): 1465 N. OCEAN BLVD.
83
84 City: GULF STREAM FL 85 Zip Code 33483

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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	☐ DELETE
NAME	INCE, PETER	
STREET ADDRESS	2519 N. OCEAN BLVD., SUITE 401	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	PETER INCE	
1.3 STREET ADDRESS	1465 N. OCEAN BLVD.	
1.4 CITY-ST-ZIP	GULF STREAM, FL. 33483	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	100001897421	Change ☐ Addition
6.2 NAME	-07/18/96--01011--020	
6.3 STREET ADDRESS	***225.00	7/17
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: P. Ince 4/24/96 561-278-6570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #
PETER INCE PRESIDENT