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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9400009356 (4)

CALHOUN & COMPANY, INC.

Principal Place of Business Mailing Address 2741 N.E. 57TH COURT 2741 N.E. 57TH COURT FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 3. Date Incorporated or Qualified 3a. Date of Last Report 01/28/1994 04/25/1995 2. Principal Place of Business 2a. Mailing Address 4 FE! Number Applied For 21 26 65-0481141 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zin Country 8. This corporation has liability or intangible tax under s 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CALHOUN, PEGGY J 82 Street Address (P.O. Box Number is Not Acceptable) 2741 N.E. 57TH COURT FORT LAUDERDALE FL 33308 83 City 85 Zip Code 11. Fursuant 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 manie of registered agent and title if applicable (NOTE: Registured Agent signature required when reinstating) CR2E034 (12/95) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THEE 1 1 TITLE Change Addition CALHOUN, PEGGY J NAME 1.2 NAME 2741 N.E. 57TH COURT STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33308 14 CITY - ST - ZIP 3(1) 8 ☐ DELETE 2 1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CHIY-SI-ZIP 24 CITY-ST-ZIP THE □ DELETE 3 1 TITLE ☐ Change ■ Addition 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY SI-ZIE 3 4 CHTY - ST - ZIP DELETE 4. 1 TIFLE Change ☐ Addition NAM 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST ZIP 4.4 CITY - ST - ZIP 1016 DELETE 5 1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS 001Y - \$1 - 70f 54 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)(x), 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 oats; 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, on an attachment with an address.

6 1 THLE

62 NAME

63 STREFT ADDRESS

64 CITY-ST-ZIP

DELETE

SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THUE

STREET ADDRESS.

CITY ST 7IP

3-1-96 493-8958

☐ Change

☐ Addition