

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000010302 (5)**

1. Corporation Name:
VIVIAN SAILS, INC.



Principal Place of Business: **2644 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306**
Mailing Address: **2644 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306**

3. Date Incorporated or Qualified: **01/31/1994**
3a. Date of Last Report: **01/13/1995**
4. FEI Number: **65-0467017**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 2409 E. LAS OLAS BLVD**
22 Suite, Apt. #, etc.
23 City & State: **FT LAUDERDALE, FL**
24 Zip: **33301** 25 Country: **US**
2a. Mailing Address: **26 PO BOX 2495**
27 Suite, Apt. #, etc.
28 City & State: **FT LAUDERDALE, FL**
29 Zip: **33303-2495** 30 Country: **US**

9. Name and Address of Current Registered Agent:
**MURPHY, RAYMOND L
2644 EAST OAKLAND PARK BLVD
SUITE 300
FT. LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent:
81 Name: **HAROLD S. BOFSHEVER**
82 Street Address (P.O. Box Number is Not Acceptable): **2455 EAST SUNRISE BLVD,
SUITE 917**
84 City: **FT LAUDERDALE** 85 Zip Code: **33304**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]* **HAROLD S. BOFSHEVER** 2/11/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MURPHY, VIVIAN A	
STREET ADDRESS	2644 E. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	MURPHY, RAYMOND L	
STREET ADDRESS	2644 E. OAKLAND PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MURPHY, VIVIAN A.	
13 STREET ADDRESS	2409 E. LAS OLAS BLVD	
14 CITY-ST-ZIP	FT LAUDERDALE, FL 33301	
21 TITLE	VP ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MURPHY, RAYMOND L.	
23 STREET ADDRESS	2409 E. LAS OLAS BLVD	
24 CITY-ST-ZIP	FT LAUDERDALE, FL, 33301	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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]* **Raymond L. MURPHY** 5/23/96 954-523-8784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone

CR2E034 (12/95)