

**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 # P94000014969 (7)**

1. Corporation Name

**STAYING AFLOAT, INC.**



Principal Place of Business

**711 SW 13 ST  
790 E. BROWARD BLVD. STE. 302  
FORT LAUDERDALE FL 33324  
US**

Mailing Address

**1323 S.E. 17TH ST  
SUITE 538  
FORT LAUDERDALE FL 33316  
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ARMSTRONG, MARGUERITE  
711 S.W. 13TH STREET  
FORT LAUDERDALE FL 33315**

3. Date Incorporated or Qualified

**02/23/1994**

3a. Date of Last Report

**02/10/1995**

4. FEI Number

**59-3227445**

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

10. Name and Address of New Registered Agent

81

Name

**RICHARD ARMSTRONG**

82

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

**1323 S.E. 17th St. #538**

83

84

City

**FORT LAUD.**

FL

Zip Code

**33316**

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 607.1506, Florida Statutes.

SIGNATURE

*Richard Armstrong*

**RICHARD ARMSTRONG**

**4/29/96**

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

☒ DELETE

NAME

**ARMSTRONG, RICHARD  
711 SW 13TH STREET  
FORT LAUDERDALE FL 33315**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☒ DELETE

NAME

**ARMSTRONG, MARGUERITE  
711 SW 13TH STREET  
FORT LAUDERDALE FL 33315**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☒ 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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

☐ 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:

*Richard Armstrong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAY

Daytime Phone #

**29 Apr 96 954 764 6950**

CR2E034 (12/95)