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FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000015612 (2)

1. Corporation Name

A TEMPORARY SOLUTION CORP.



Principal Place of Business

4410 NORTH STATE RD. 7  
SUITE 100  
FORT LAUDERDALE FL 33319

Mailing Address

4410 NORTH STATE RD. 7  
SUITE 100  
FORT LAUDERDALE FL 33319-5873

2. Principal Place of Business

21 100 WEST CYPRESS CREEK RD.

Suite, Apt. #, etc.

22 SUITE 700

City & State

23 FT. LAUDERDALE, FL

Zip

24 33309

Country

25 USA

2a. Mailing Address

26 100 WEST CYPRESS CREEK RD.

Suite, Apt. #, etc.

27 SUITE 700

City & State

28 FT. LAUDERDALE, FL

Zip

29 33309

Country

30 USA

3. Date Incorporated or Qualified

02/25/1994

3a. Date of Last Report

07/05/1996

4. FEI Number

65-0469757

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

BLODIG, GREGORY J E  
GREENSPOON, MARDER ET AL  
100 WEST CYPRESS CREEK RD STE 700  
FORT LAUDERDALE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME D MARKS, KENNETH  
STREET ADDRESS 4410 NORTH STATE RD. 7, STE. 100  
CITY - ST - ZIP FORT LAUDERDALE FL 33319

TITLE ☐ DELETE

NAME D ORENT, DOROTHY S  
STREET ADDRESS 4410 NORTH STATE RD. 7, STE. 100  
CITY - ST - ZIP FORT LAUDERDALE FL 33319

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

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)