

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 # P94000026423 (1)

1. Corporation Name

RONSHE, INC.



Principal Place of Business

Mailing Address

**1935 NE 207 ST.
SUITE 405
MIAMI FL 33179
US**

**600 SOUTH ANDREWS AVE.
SUITE 405
FT LAUDERDALE FL 33301**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1935 NE 207 ST**

22 City & State

27 **N/A**
28 **MIAMI FL**

23 Zip Country

29 **33179 US**

9. Name and Address of Current Registered Agent

**SHERMAN, GARY E
600 SOUTH ANDREWS AVE.
SUITE 405
FORT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified

04/06/1994

3a. Date of Last Report

02/07/1995

4. FEI Number

65-0486124

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

Sherman, Gary E

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

440 South Andrews Ave

83 **N/A**

84 City **Fort Lauderdale**

FL

85 Zip Code **33301**

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]*

(NOTE: Registered Agent signature required when re-appointing)

3-8-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☐ DELETE
NAME	FUNT, RONALD	
STREET ADDRESS	600 S. ANDREWS AVE., STE. 405	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	ST	☐ DELETE
NAME	FUNT, SHERRI	
STREET ADDRESS	FUNT, SHERRY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or person 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

305 931 1935

DATE

Daytime Phone #

CR2E034 (12/95)