

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

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AND
FILED

1996 MAY -2 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001809371
-05/06/96--01065--012
****208.75 ****208.75

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000028864
1. Corporation Name

N-783SP, Inc

Principal Place of Business

Mailing Address

14850 N.W. 44th Court, Suite 146
Opa Locka Airport, Building 102
Miami, FL 33504

2. Principal Place of Business

2a. Mailing Address

21 see above

26 see above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

28

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
April 15, 1994

3a. Date of Last Report

4. FEI Number

Applied For

X Not Applicable

5. Certificate of Status Desired

XX

\$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

10. Name and Address of New Registered Agent

LAW OFFICES OF
ED BUSH & ASSOCIATES, PA
OPA LOCKA AIRPORT, BLDG 102
14850 NW 44TH COURT, #146
OPA LOCKA, FL 33504-2327

81 Name

82 Street

83

84 City

LAW OFFICES OF
ED BUSH & ASSOCIATES, PA
OPA LOCKA AIRPORT, BLDG 102
14850 NW 44TH COURT, #146
OPA LOCKA, FL 33504-2327

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 Edward J. Bush, President ; Ed Bush & Associates, PA 3-27-96

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

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P Suzanne Moorhead
STREET ADDRESS 14850 N.W. 44th Court, Suite 146
CITY-ST-ZIP Opa Locka Airport, Building 102
Miami, FL 33504

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

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
100001809371
-05/06/96--01065--013
*****25.00 *****25.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-27-96

Daytime Phone #

305-688-3290

CR2E034 (12/95)