SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

10/03

ACCEPTED AND FILED

96 AUG -1 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
✓ CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P94000035078 (2)**

1. Corporation Name

BROKEN SOUND REAL ESTATE, INC.

Principal Place of Business	Mailing Address
5254 NW 22 AVE. BOCA RATON FL 33486	5254 NW 22 AVE. BOCA RATON FL 33486

3. Date Incorporated or Qualified: **05/10/1994**
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **APPLIED FOR** ☐ 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

UDELL, IRA
5254 NW 22 AVE.
BOCA RATON FL 33496

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 _____ (If changing Registered Agent, Signature required Above) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	UDELL, IRA		1.2 NAME	
STREET ADDRESS	5254 NW 22 AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

800001910988
-08/01/96--01080--005
****233.75 ****233.75

R. Udell
8-1-96

CR2E034 (3/96)

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)(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: IRA UDELL president 7/30/96 407-994-0993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAGE NO.

PREPARED BY

DATE

HELP HELP -

I DON'T KNOW WHAT TO DO.

CAN'T GET IRS ON PHONE.

SENT 3 FAXES FOR FEI ~~#~~
NO RESPONSE

WITHOUT FEI # - I CAN'T SUBMIT ANNUAL REPORT.

WITHOUT REPORT - I CAN'T GET CERTIFICATE OF STATUS

WITHOUT CERTIFICATE - I CAN'T GET APPROVED BY
DEPT OF BUSINESS & PROF REGULATION
FOR STATE OF FLORIDA DPR.

IRS WON'T ANSWER —

WHAT CAN I DO?

I NEED CERT OF INCORPORATION

PLEASE HELP.

3 of 3

Form **SS-4** (Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions)

EIN

OMB No. 1545-0003
Expires 12-31-96

1 Name of applicant (Legal name) (See instructions)
BROKEN SOUND REAL ESTATE, INC.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
525 NW 22 AV

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code
BOCA RATON FL 33496

5b City, state, and ZIP code

6 County and state where principal business is located
PALM BEACH COUNTY, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor--SSN required (See instructions.) ▶ 135-36-0880
IRA JDELL

8a Type of entity (Check only one box) (See instructions)

- ☐ Sole Proprietor (SSN) _____
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) _____
- ☐ Other (specify) ▶ _____
- ☒ Personal service corp
- ☐ National guard
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator - SSN _____
- ☐ Other corporation (specify) _____
- ☐ Federal government/military
- ☐ Church or church controlled organization (enter GEN if applicable) _____
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State: FLORIDA; Foreign country:

9 Reason for applying (check only one box)

- ☒ Started new business (specify) ▶ _____
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶ _____
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶ _____
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
5/10/94

11 Enter closing month of accounting year. (See instructions.)
DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ JULY 1994 JULY, 1996

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ▶ ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Name and title (please type or print clearly.) ▶

Business telephone number (include area code)
407-994-0993

Signature ▶ [signature] PRESIDENT Date ▶ 5/28/94

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying