

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.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000036402 (3)

1. Corporation Name

US FLOUR CORP.



Principal Place of Business

Mailing Address

**18161 DAYBREAK DRIVE
BOCA RATON FL 33496**

**18161 DAYBREAK DRIVE
BOCA RATON FL 33496**

3. Date Incorporated or Qualified
05/11/1994

3a. Date of Last Report
10/31/1995

2. Principal Place of Business

2a. Mailing Address

21 6420 CONGRESS AVE.

26 6420 CONGRESS AVE.

Suite, Apt. #, etc
22 2000

Suite, Apt. #, etc
27 2000

City & State
23 BOCA RATON

City & State
28 BOCA RATON

Zip
24 33487

Country
25 PALM BEACH

Zip
29 33487

Country
30 PALM BEACH

4. FEI Number
65-0498044

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. 193.032
 Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**ALCALAY, BEN-ZION
18161 DAYBREAK DRIVE
BOCA RATON FL 33496**

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 of officer or director of corporation and the applicable (NOTE: Registered Agent signature required when not a director)

(NOTE: Registered Agent signature required when not a director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ALCALAY, BEN-ZION	
STREET ADDRESS	18161 DAYBREAK DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with any address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96