

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000036966 (7)**

1. Corporation Name

SANSON INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**4004 128 STREET W #904
CORTEZ FL 34215**

**4004 128 STREET W #904
CORTEZ FL 34215**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SANSON, WILLEM M
4004 128 STREET W #904
CORTEZ FL 34215**

3. Date Incorporated or Qualified

05/11/1994

3a. Date of Last Report

06/27/1995

4. FEI Number

APPLIED FOR 13-1922426

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

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 for printed name of registered agent and filed as applicable

(If OFF, Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME **SANSON, WILLEM M**
STREET ADDRESS **4004 128 STREET W #904**
CITY-ST-ZIP **CORTEZ FL 34215**

TITLE VSD ☐ DELETE

NAME **SANSON, KAREN**
STREET ADDRESS **4004 128 STREET W #904**
CITY-ST-ZIP **CORTEZ FL 34215**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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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

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***225.00**

070996 of

SIGNATURE: **X**

SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-96

Date

Signature Printed Name