

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000046647 (1)**

1. Corporation Name

TEMPLE & CHURCH ASSOCIATES, INC.



Principal Place of Business

**9020 NW 8TH ST
SUITE 417
MIAMI FL 33172**

Mailing Address

**P O BOX 521872
MIAMI FL 33152-1872**

3. Date Incorporated or Qualified
06/22/1994

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 1483 ESTANCIA CIR

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 FORT LAUDERDALE, FL

28

Zip Country

Zip Country

24 33327

25 USA

29

30

4. FEI Number
65-0519545

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

10. Name and Address of New Registered Agent

**PELLISSERY, JEROME J
9020 NW 8TH ST
SUITE 417
MIAMI FL 33172**

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer (if filer is not the registered agent)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PM**
STREET ADDRESS **PELLISSERY, JEROME J**
CITY-ST-ZIP **9020 NW 8TH STREET, SUITE 417**
MIAMI FL

TITLE ☐ DELETE
NAME **VO**
STREET ADDRESS **MADHAVAN, SETU**
CITY-ST-ZIP **MARSHALLS WARE HOUSE**
CAY BAY ST

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **PELLISSERY, JOE JOSE**
CITY-ST-ZIP **P.O. BOX 320023 NA**
REPU DE PANAMA

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PELLISSERY, STALIN JOSE**
CITY-ST-ZIP **MAIN ROAD CHALAKUDY KERALA STATE**
KERALA STATE INDIA

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

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEROME J. PELLISSERY

04/13/96

(954) 349-3476

CR2E034 (12/95)