

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

FILED  
Apr 30 1996 8:00 am  
Secretary of State

DOCUMENT # **P94000054811 (2)**

1. Corporation Name

**A & I ENTERPRISES OF SOUTH FLORIDA, INC.**

Principal Place of Business

**3554 BIMINI AVE  
COOPER CITY FL 33062**

Mailing Address

**3554 BIMINI AVE  
COOPER CITY FL 33062**

2. Principal Place of Business

2a. Mailing Address

21 **2061 S.W. 70 AVE**

26 **2061 SW 70 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **DAY F-2**

27 **DAY F-2**

City & State

City & State

23 **DAVIE, FLORIDA**

28 **DAVIE, FLORIDA**

Zip

Country

Zip

Country

24 **33317**

25 **USA**

29 **33317**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**07/25/1994**

3a. Date of Last Report

**05/19/1995**

4. FEI Number

**65-0506530**

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDS** ☐ DELETE  
NAME **SILVER, IRA**  
STREET ADDRESS **3554 BIMINI AVE**  
CITY - ST - ZIP **COOPER CITY FL**

TITLE **VP** ☒ DELETE  
NAME **D'ANNUREA, VINCENT J**  
STREET ADDRESS **201 SW 68TH TERRACE**  
CITY - ST - ZIP **PEMBROKE PINES FL**

TITLE **ST** ☐ DELETE  
NAME **SILVER, MARLENE**  
STREET ADDRESS **3554 BIMINI AVE**  
CITY - ST - ZIP **COOPER CITY FL**

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. TITLE **VP** ☐ Change ☒ Addition  
2. NAME **IRA SILVER**  
3. STREET ADDRESS **3554 BIMINI AVE**  
4. CITY - ST - ZIP **COOPER CITY FL**

2. TITLE **VP** ☐ Change ☐ Addition  
3. NAME **D'ANNUREA, VINCENT J**  
4. STREET ADDRESS **201 SW 68TH TERRACE**  
5. CITY - ST - ZIP **PEMBROKE PINES FL**

3. TITLE ☐ Change ☐ Addition  
4. NAME  
5. STREET ADDRESS  
6. CITY - ST - ZIP

4. TITLE ☐ Change ☐ Addition  
5. NAME  
6. STREET ADDRESS  
7. CITY - ST - ZIP

5. TITLE ☐ Change ☐ Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY - ST - ZIP

6. TITLE ☐ Change ☐ Addition  
7. NAME  
8. STREET ADDRESS  
9. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

**MARLENE SILVER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARLENE SILVER**

**954-424-0226**

Date

Daytime Phone #

CR2E034 (12/95)