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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # 1. Corporation Name

P94000064505 (8)

ETAGE, INC.								
Principal Place	of Business	Mailing Address				- 3 103/1001 110 1017 31011 00/11 60/11 40/11		
199 N.W. 28TH BOCA RATON	1 ST., SUITE 7 FL 33431	199 N.W. 28TH ST., SUITE 7 BOCA RATON FL 33431						
						08/29/1994	Ba. Date of Last Report 07/31/1995	
2. Principat Pla	ce of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				65-0517289	Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	<u> </u>			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	⊢ ′			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip 29	Country 30		,	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		
	9. Name and Address of Curre	nt Registered Agent	···			10. Name and Address of New Regi	stered Agent	
				81	Name			
Diamond, Kevin 199 n.w. 28th St., Suite 7				82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
	ATON FL 33431			83				
				84	City		85 Zip Code	
				04	City		FL 85 Zip Code	
or registere	o the provisions of Sections 607.050 od agent, or both, in the State of Flor n, and accept the obligations of, Sec	ida. Such change was authorize	s, the abo d by the	ove-r corp	named corpora oration's board	ation submits this statement for the purpos d of directors. I hereby accept the appoint	se of changing its registered office ment as registered agent. I am	
SIGNATURE		Alox	T. David				DAlt	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Re 12. OFFICERS AND DIRECTORS				gistered Agont signature required when renstating? DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		·····		
TITLE	D DELETE		1 1 1	ITLE			☐ Change ☐ Addition	
NAME	DIAMOND, KEVIN		121					
STREET ADDRESS	11229 W. ATLANTIC BLVD.,	#302	1357		ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY		ST-ZIP			
TITLE		☐ DEFELE	2 1 TITLE				Change Addition	
NAME			221					
STREET ADDRESS		2		2.3 STREET ADDRESS				
CITY-ST-ZIP					ST - ZIP	[7] O [7] ALEX		
TITLE		☐ DELETE	_				Change Addition	
NAME			3.2 N					
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP		☐ DELETE			ST-ZIP		Change Addition	
TITLE			4. 1 TITLE 4.2 NAME				Charge Addition	
NAME STREET ADDRESS					ADDRESS			
CITY-ST-ZIP					ST-ZIP			
TITLE		☐ DELETE	5. 1 7		,,		Change Addition	
NAME		-	5.2 N	AME				
STREET ADDRESS			535	TREET	ADDRESS			
CITY-ST-ZIP				ITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE				Change Addition	
NAME			6.2 NAME					
STREET ADDRESS	TREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP					ST-ZIP	alaidan alaidan ada kadi kada dahada dahada ka		
certify that oath; that I	the information indicated on this ann	hual report or supplemental annu- poration or the receiver or trustee	ual report e empowe	is tru	ue and accurat	or the exemption stated in Section 119.07 te and that my signature shall have the sar report as required by Chapter 607, Florid	me legal effect as if made under	

SIGNATURE: SIGNATURE : SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR DI AMOND 3-15-96 407-393-3932