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 # P94000078746 (2)

1. Corporation Name

SOCKEL-MAYNARD ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3015 N OCEAN BLVD SUITE 158 FORT LAUDERDALE FL 33308	3015 N OCEAN BLVD SUITE 158 FORT LAUDERDALE FL 33308

3. Date Incorporated or Qualified: **10/26/1994**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business — 21:
Street, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Street, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **APPLIED FOR** 65-0557097 ☐ 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

SOCKEL, BONNIE
200 E BROWARD BLVD
SUITE 1210
FT LAUDERDALE FL 33301

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 607.1504, 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 — DATE

12. OFFICERS AND DIRECTORS

1 TYP	DPS	☐ DELETE
NAME	SOCKEL, RICHARD	
STREET ADDRESS	3660 INVERRARY DR SUITE 3T	
CITY-ST-ZIP	LAUDERHILL FL 33319	
2 TYP	DVT	☐ DELETE
NAME	MAYNARD, PIERRE S	
STREET ADDRESS	3015 N OCEAN BLVD SUITE 15B	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
3 TYP		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
4 TYP		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
5 TYP		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
6 TYP		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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-02/28/96--01071--[illegible]
***200.00

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 on an attachment with an address.

SIGNATURE: [signature] TREASURER — 1.29.96 — 954.561.2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0220336 CP