

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. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -4 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082168 (3)

1. Corporation Name

SENSATIONS OF PLANTATION, INC.



Principal Place of Business

Mailing Address

1881 N.W. 105TH AVE.
PLANTATION FL 33322

1881 N.W. 105TH AVE.
PLANTATION FL 33322

REINSTATEMENT

11/09/1994

09/22/1995

2. Principal Place of Business

2a. Mailing Address

21. 12801 W Sunrise

26. 12801 W Sunrise Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. Ste 943

27. ST 943

City & State

City & State

23. Sunrise Fl

28. Sunrise Fl

Zip

Country

Zip

Country

24. 33322

25. Broward

29. 33322

30. Broward

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

DAHAMAN, RAMI
12801 W. SUNRISE #943
SUNRISE FL 33323

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

488882022714-2
-12/06/96-01096-004
***375.00 FL ***375.00

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

Rami Dahaman

11/30/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME DAHAMAN, RAMI
STREET ADDRESS 1881 N.W. 105 AVE
CITY - ST - ZIP PLANTATION FL 33322

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/96 914 946 2278

CR2E034 (3/96)