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CORPORATION ANNUAL REPORT



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

1996

P94000083077 (5)

DOCUMENT # RIGHT AIM ENTERPRISES, INC. Principal Place of Business Mailing Address 331 191 TERR 331 191 TERR NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 3. Date Incorporated or Qualified 3a. Date of Last Report 11/09/1994 04/19/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0535078 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name O'CONNELL, WANDA N 82 Street Address (P.O. Box Number is Not Acceptable) 331 191 TERR 83 NORTH MIAMI BEACH FL 33160 City 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 any icable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1 1 TiTLE Change Addition O'CONNELL, WANDA N NAME 1 2 NAME 331 191 TERR STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2 1 TITLE Change Addition O'CONNELL, EDWARD A NAME 22 NAME 331 191 TERR STHEET ADDRESS 2.3 STREET ADDRESS NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP 24 CITY-ST-ZIP DELETE TITLE 3 1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE [Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP 100 F DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6. 1 TITLE [] Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Ido 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 cath; 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 gime oath; that I am an officer or director of the corporation or the recappears in Block 12 or Block 13 if opanged, or on an attachment

64 CITY-ST-ZIP

SIGNATURE:

CrTY+ST-7/P

(12/95)CR2E034