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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000083077 (5)

1. Corporate Name

RIGHT AIM ENTERPRISES, INC.

Principal Place of Business

331 191 TERR
NORTH MIAMI BEACH FL 33160

Mailing Address

331 191 TERR
NORTH MIAMI BEACH FL 33160-2333



3. Date Incorporated or Qualified

11/09/1994

3a. Date of Last Report

04/18/1996

4. FEI Number

65-0535078

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

2. Principal Place of Business

21 4004 S.W. 64th Ave

2a. Mailing Address

26 4004 S.W. 64th Ave.

22 State, Apt. #, etc.

27 State, Apt. #, etc.

23 City & State

23 DAVIE, Florida

28 City & State

28 DAVIE, Florida

24 Zip

24 33314

25 Country

25 BROWARD

29 Zip

29 33314

30 Country

30 BROWARD

9. Name and Address of Current Registered Agent

O'CONNELL, WANDA N
331 191 TERR
NORTH MIAMI BEACH FL 33160

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 type: Corporate (Required) or Individual (Not Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
102 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
103 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
104 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
105 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
106 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
107 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
108 TITLE
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STREET ADDRESS
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109 TITLE
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STREET ADDRESS
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110 TITLE
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STREET ADDRESS
CITY-ST-ZIP
111 TITLE
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STREET ADDRESS
CITY-ST-ZIP
112 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
113 TITLE
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CITY-ST-ZIP
114 TITLE
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STREET ADDRESS
CITY-ST-ZIP
115 TITLE
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STREET ADDRESS
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116 TITLE
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STREET ADDRESS
CITY-ST-ZIP
117 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
118 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
119 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
120 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Wanda N. O'Connell* Pres. WANDA N. O'Connell 3/15/97 954-327-077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year

CR2E034 (9/96)