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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000087986 (3)**

1. Corporation Name

ROOMS FOR LESS - FORT LAUDERDALE INC.

[redacted]

Principal Place of Business	Mailing Address
1157 BANKS ROAD MARGATE FL 33062	1157 BANKS ROAD MARGATE FL 33062

3. Date Incorporated or Qualified: 12/05/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. # etc. (22) | Suite, Apt. # etc. (27)
City & State (23) | City & State (28)
Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 65-0538697 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** Must Be Added to Fees

8. This corporation has elected to be governed by the provisions of Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JACKSON, ALEXANDER
1800 SOUTH OCEAN BLVD.
SUITE 1004
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: MARK SOHN
82 Street Address (P.O. Box Number is Not Acceptable): 1157 BANKS ROAD
83
84 City: MARGATE — FL — 85 Zip Code: 33062

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] — 7/31/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	CASSETT, MARK	
STREET ADDRESS	1157 BANKS RD.	
CITY, ST, ZIP	MARGATE FL 33063	
TITLE	S	☐ DELETE
NAME	SOHN, MARK	
STREET ADDRESS	1157 BANKS RD.	
CITY, ST, ZIP	MARGATE FL 33063	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE		☐ Change ☐ Add
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Add
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Add
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Add
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Add
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Add
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

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***450.00

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)(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, added or deleted.

SIGNATURE: [signature] — 7/31/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

8/14/96