

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000089257 (7)

1. Corporation Name

EVANS ECONOMICS, INC.



Principal Place of Business

398 WEST CAMINO GARDENS BLVD. NO. 204  
BOCA RATON FL 33432

Mailing Address

398 WEST CAMINO GARDENS BLVD. NO. 204  
BOCA RATON FL 33432

3. Date Incorporated or Qualified  
12/08/1994

3a. Date of Last Report  
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 1140 SW 21ST LANE  
Suite, Apt. #, etc.

26 P.O. Box 2342  
Suite, Apt. #, etc.

4. FEI Number

52-1132157

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

22 City & State  
BOCA RATON FL

27 City & State  
Boca Raton FL

23 Zip  
33486

28 Zip  
33427

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARROLL, SUSAN  
398 WEST CAMINO GARDENS BLVD. NO. 204  
BOCA RATON FL 33432

81 Name

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

1140 SW 21ST Lane

83

84 City

Boca Raton

FL

85 Zip Code

33486

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME CARROLL, SUSAN  
STREET ADDRESS 398 WEST CAMINO GARDENS BLVD. NO. 204  
CITY-ST-ZIP BOCA RATON FL 33432

1.1 TITLE TREASURER/DIRECTOR ☒ Change ☐ Addition  
1.2 NAME ☒  
1.3 STREET ADDRESS 1140 SW 21ST LANE  
1.4 CITY-ST-ZIP BOCA RATON FL 33486

TITLE D ☐ DELETE  
NAME EVANS, MICHAEL K  
STREET ADDRESS 398 WEST CAMINO GARDENS BLVD. NO. 204  
CITY-ST-ZIP BOCA RATON FL 33432

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1140 SW 21ST LANE  
2.4 CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN CARROLL  
TREASURER

Date

4-10-96

Daytime Phone #

(407)  
395-5055

CR2E034 (12/95)