

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 # P95000009976 (8)

1. Corporation Name

SPICE OF LIFE OF SOUTH FLORIDA, INC.



Principal Place of Business

7120 EMBASSY BLVD.
MIRAMAR FL 33023

Mailing Address

7120 EMBASSY BLVD.
MIRAMAR FL 33023

3. Date Incorporated or Qualified
02/02/1995

3a. Date of Last Report

02/02/1995

4. FEI Number

65-0554596

Applied For

Not Applicable

2. Principal Place of Business

21 2940 SW 30TH AVE

Suite, Apt. #, etc.

22 SUITE # 2

City & State

23 PEMBROKE PARK

Zip

24 33009

Country

25 USA

2a. Mailing Address

26 44 W. FLAGLER ST.

Suite, Apt. #, etc.

27 350 COURTHOUSE TOWER

City & State

28 MIAMI

Zip

29 33130

Country

30 USA

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

9. Name and Address of Current Registered Agent

RUBIN, SCOTT L ESQ.
44 W. FLAGLER STREET
350 COURTHOUSE TOWER
MIAMI FL 33130

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SIEGEL, SHELDON
STREET ADDRESS 1450 S.W. 87 AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE D ☐ DELETE
NAME MYERS, WES
STREET ADDRESS 7120 EMBASSY BLVD.
CITY-ST-ZIP MIRAMAR FL 33023

TITLE D ☒ DELETE
NAME GREENBERG, MARK
STREET ADDRESS 3051 S.W. 47 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33312

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME SIEGEL, SHELDON
1.3 STREET ADDRESS 1450 SW 87 AVE
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33025 ☒ Change ☐ Addition

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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

WES MYERS

4/24/96

(954) 458-5200

Date

Daytime Phone

CR2E034 (12/95)