

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 23 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 # P95000015458 (9)

1. Corporation Name

SOCH OF CARRIAGE HILLS, INC.



Principal Place of Business

4700 HIATUS ROAD  
SUITE 152B  
SUNRISE FL 33351

Mailing Address

4700 HIATUS ROAD  
SUITE 152B  
SUNRISE FL 33351-7051

3. Date Incorporated or Qualified  
02/23/1995

3a. Date of Last Report  
01/26/1996

2. Principal Place of Business

21 4700 Hiatus Road

Suite, Apt. #, etc.

22 Suite 153

City & State

23 Sunrise, FL

Zip

24 33351

Country

25 USA

2a. Mailing Address

26 4700 Hiatus Road

Suite, Apt. #, etc.

27 Suite 153

City & State

28 Sunrise, FL

Zip

29 33351

Country

30 USA

4. FEI Number

65-0559712

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

9. Name and Address of Current Registered Agent

GENET, SANDOR F  
99 N.E. 167TH STREET  
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

Genet, Benjamin J.

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

4700 Hiatus Road

83 Suite 153

84 City

Sunrise

FL

85 Zip Code  
33351

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 of 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 Benjamin J. Genet, Pres/Sec/Dir 15 January 1997

Signature of officer or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS             | CITY - ST - ZIP  | DELETE                   |
|-------|-------------------|----------------------------|------------------|--------------------------|
| DPS   | GENET, BENJAMIN J | 4700 HIATUS RD., STE. 152B | SUNRISE FL 33351 | <input type="checkbox"/> |
|       |                   |                            |                  | <input type="checkbox"/> |
|       |                   |                            |                  | <input type="checkbox"/> |
|       |                   |                            |                  | <input type="checkbox"/> |
|       |                   |                            |                  | <input type="checkbox"/> |
|       |                   |                            |                  | <input type="checkbox"/> |
|       |                   |                            |                  | <input type="checkbox"/> |
|       |                   |                            |                  | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 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 |
|-----------|--------------------|-----------------------------|---------------------|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|-----------|----------|--------------------|---------------------|
| DPS       | Genet, Benjamin J. | 4700 Hiatus Road, Suite 153 | Sunrise, FL 33351   |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |
|           |                    |                             |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |
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|           |                    |                             |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |
|           |                    |                             |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |
|           |                    |                             |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |           |          |                    |                     |

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; 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: Benjamin J. Genet, President

15 January 97 (954) 572-9159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0291516

CR2E034 (9/96)