FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000026672 (2)

1. Corporation Name
ROOMMATE FINDERS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1110 BRICKELL AVE SEVENTH FLOOR MIAMI FL 33131	1110 BRICKELL AVE SEVENTH FLOOR MIAMI FL 33131

3. Date Incorporated or Qualified: 03/31/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 Roommate Finders of FL, Inc.	26 5353 N. Federal Hwy #212
Suite, Apt #, etc. 22 5353 N. Federal Hwy #212	Suite, Apt #, etc. 27
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip 24 33308 Country 25	Zip 29 33308 Country 30

4. FEI Number: 65-0586596 ☐ 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

KAPLAN, ERIC J
1110 BRICKELL AVE
SEVENTH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Susan Feldman
82 Street Address (P.O. Box Number is Not Acceptable): 5353 N. Federal Hwy #212
83
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33308

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: Maura Feldman, Susan Feldman 5/6/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	FELDMAN, SUSAN	1.2 NAME	FELDMAN, MAURA
STREET ADDRESS	175675 SW 84TH TER APT 903	1.3 STREET ADDRESS	5353 N. FEDERAL HWY #212
CITY-ST-ZIP	MIAMI FL 33193	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	900001868759 -06/20/96--01019--047 ***200.00
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	5-1-96
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Maura Feldman 4/21/96 (954)772-5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)