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Mar 25 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 # P95000026672 (2)

1. Corporation Name
ROOMMATE FINDERS OF FLORIDA, INC.

Principal Place of Business
5353 N. FEDERAL HWY. #212
FT. LAUDERDALE FL 33308

Mailing Address
5353 N. FEDERAL HWY. #212
FT. LAUDERDALE FL 33308-3236



3. Date Incorporated or Qualified
03/31/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0586596

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FELDMAN, SUSAN
5353 N. FEDERAL HWY. #212
FT. LAUDERDALE FL 33308

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

Maura Feldman

MAURA FELDMAN

1/14/97

Signature of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D
FELDMAN, MAURA
5353 N. FEDERAL HWY. #212
FT. LAUDERDALE FL 33308

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.1 TITLE ☐ DELETE

1.2 NAME ☐ Change ☐ Addition

1.2 NAME ☐ DELETE

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

2.1 TITLE ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

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5.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ DELETE

6.2 NAME ☐ Change ☐ Addition

6.2 NAME ☐ DELETE

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ DELETE

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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

1/14/97

(954)772-5999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)