

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 # P95000027923 (8)

1. Corporation Name

OURS TRULY, INC.



Principal Place of Business

Mailing Address

5355 TOWN CENTER RD
SUITE 801
BOCA RATON FL 33486

5355 TOWN CENTER RD
SUITE 801
BOCA RATON FL 33486

3. Date Incorporated or Qualified

04/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0591502

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

FRIEDMAN, ANDREW R
5355 TOWN CENTER RD
SUITE 801
BOCA RATON FL 33486

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 the corporation

Typed Registered Agent's signature and date of change

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
LECHNER, CHRISTINE
5355 TOWN CENTER RD SUITE 801
BOCA RATON FL 33486

2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

TITLE ☐ DELETE

9. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

TITLE ☐ DELETE

13. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

TITLE ☐ DELETE

17. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

TITLE ☐ DELETE

21. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

500001857245
-06/11/96--01008--027
***200.00

14. I do hereby certify that the information supplied with this form 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

Christine Lechner

DATE

1-23-96 407-477-1948

DATE OF FILING

5/1/96

CR2E034 (12/95)