## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000031891 (1)

DOCUMENT # 1. Corporation Name SOFA STATION, INC.

Principal Place i	of Business	Mailing Address		A COMPANY OF COURT OF THE PERSON NAMED IN	i amam i secut erant smird tätht bibl findt
	ond Diehe Road See Fl 32308	1961 RAYMOND DIEI TALLAHASSEE FL 32			
O. Dissipal File	ce of Business 6317 Danson	}{va	5	04/24/1995	Date of Last Report
2. Principal Plac			. 1	4. FEI Number	Applied For
Suite, Apt. #	6,0 b.12 f	26 Suite, Apt. #, etc.	ball	applied for	Not Applicable
22 N = rec		27 Soite, Apr. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> Additional
City & State		Orty & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
-, <sup>Zip</sup> > <b>k</b>	Country	Zip	Country	B. This corporation has liability for intangi	
300	140 0.0-102000	29	30 Loon	Florida Statutes  Yes	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	ered Agent
			81 Name		
VAN OSTRAND, GARY L			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
1961 RAYMOND DIEHL ROAD					
IALLAF	IASSEE FL 32308		83		
			84 City	1774	B5 Zip Code
11 Dura cont to	the est 10-10-10-10-10-10-10-10-10-10-10-10-10-1	1007			<b>!</b> -
or registered	d agent, op both, in the State of Florida	nd 607.1508, Florida Statute: . Such change was authorize	s, the above-named corpo d by the corporation's box	pration submits this statement for the purpose of and of directors. I hereby accept the appointment	of changing its registered office
familiar with	, and ascept the obligation of, Section			and a substitution of the appointment	- Las registered agent. Fam
SIGNATURE .	grature, type di or printed name of registered agent an	6, L. V	and Ustrant		20 (86
12.	OFFICERS AND		E. Registered Agent signature requirements	ADDITIONS/CHANGES TO OFFICERS	ATE.
THILF	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	VAN OSTRAND, GARY L	_	1.2 NAME		C1 orange C1 Addition
STREET ADDRESS	3401 WOODLEY ROAD		1.3 STREET ADDRESS		
City-St-ZiP	TALLAHASSEE FL 32312		1.4 CITY - ST - ZIP		
THE	D	☐ DELFTE	2 1 TITLE		Change Addition
NAME	van Ostrand, Chefiyl B		22 NAME		
STREET ADURESS	3401 WOODLEY ROAD		2.3 STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-SI-ZIF			3.4 CITY-ST-ZIP		
TILE		☐ DEFELE	4 1 THILE	700001727 -02/29/9601044-	Addition Addition
NAME CONCLUADORICO			4.2 NAME	-02/29/9601044-	-009
STREET ADDRESS			4.3 STREET ADDRESS	***208.75	
CITY ST-ZIP		C DOLLTE	4.4 CITY - ST - ZIP		
NAME		☐ DELETE	5. 1 TITLE		Change  Addition
STREET ADDRESS			5.2 NAME		
CHY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CHY-ST-ZIP 6.1 TITLE		Comment of the last
NAME		T percet	6.2 NAME		Change Addition
STREET AUDRESS			6.3 STREET ADDRESS		11 //
CITY-ST-ZIP			6.4 City-St-Zip		1 1 1/2 /V
14. I do hereby o	pertify that the information supplied with	this filing is voluntarily furnish	ned and does not qualify f	for the exemption stated in Section 119.07(3)(k)	Florida Satutes I Artibur
oath; that I a	m an officer or director of the cornorat	report or supplemental annua ion or the receiver or trustee i	il report is true and accura		
oath; that I a		report or supplemental annua ion or the receiver or trustee i	il report is true and accura	for the exemption stated in Section 119.07(3)(k) ate and that my signature shall have the same k is report as required by Chapter 607, Florida St	

**SIGNATURE:** 

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96 104-3PF 2061
Date Coyume Prone :