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 # **P95000033703 (6)**

1. Corporation Name

SARKISS INVESTMENTS, INC.

Principal Place of Business	Mailing Address
~~2435 HOLLYWOOD BLVD.~~ ~~SUITE 202 P.O. BOX 2011~~ ~~HOLLYWOOD FL 33022~~	~~2435 HOLLYWOOD BLVD.~~ ~~SUITE 202 P.O. BOX 2011~~ ~~HOLLYWOOD FL 33022~~

3. Date Incorporated or Qualified: 05/01/1995
3a. Date of Last Report: N.A.

2. Principal Place of Business
21: 937 HARBOR INN DRIVE
Suite, Apt. #, etc.
22: CORAL SPRINGS, FL
City & State
23:
Zip 24: 33071-5620
Country 25: USA

2a. Mailing Address
26: 937 HARBOR INN DRIVE
Suite, Apt. #, etc.
27:
City & State
28: CORAL SPRINGS, FL
Zip 29: 33071-5620
Country 30: USA

4. FEI Number: 65-0592962 ☐ 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

KABCHE, SARKIS
~~% 8800 N.W. 78TH COURT~~
~~#384~~
~~TAMARAC FL 33321~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 937 HARBOR INN DRIVE
83:
84 City: CORAL SPRINGS FL 85 Zip Code: 33071

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: _____ DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	SARKIS KABCHE	☒ Change ☐ Addition
NAME	KABSHE, SARKIS		1.2 NAME	937 HARBOR INN DRIVE	P/P/S/T
STREET ADDRESS	8800 N.W. 78TH COURT #384		1.3 STREET ADDRESS	CORAL SPRINGS, FL 33071-5620	D
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY-ST-ZIP		
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		
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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034(12/95)

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 added by attachment with an address.

SIGNATURE: _____ 3-26-96 954-796-1663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #