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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

mail go

DOCUMENT # P95000043749 (7)

1. Corporation Name
WHIMSICAL, INC.



Principal Place of Business
9220 N.W. 32ND MANOR
SUNRISE FL 33351

Mailing Address
9220 N.W. 32ND MANOR
SUNRISE FL 33351-7208

3. Date Incorporated or Qualified
06/07/1995

3a. Date of Last Report
06/18/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0586653

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

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERIERA, JOSEPH A JR.
10300 S.W. 72ND ST.
#470C
MIAMI FL 33173

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 registrant, if agent and then if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME CALABRESE, NANCY

1.2 NAME

STREET ADDRESS 9220 N.W. 32ND MANOR

1.3 STREET ADDRESS

CITY- ST- ZIP SUNRISE FL 33351

1.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME ALONGI, CAROL

2.2 NAME

STREET ADDRESS 985 N.W. 79TH TERRACE

2.3 STREET ADDRESS

CITY- ST- ZIP PLANTATION FL 33324

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

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:

Nancy Calabrese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY CALABRESE 3/18/97 954 (472-0405)

Date

Daytime Phone #

0292391

CR2E034 (9/96)