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 # **P95000048215 (4)**

1. Corporation Name
CIVIL RESTITUTION INC.

Principal Place of Business
850 NW 118 AVE
PLANTATION FL 33325

Mailing Address
850 NW 118 AVE
PLANTATION FL 33325

3. Date Incorporated or Qualified: **06/19/1995**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) / Suite, Apt. #, etc (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 65-0647020 — 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
PETITO, SEBA M
850 NW 118 AVE
PLANTATION FL 33325

10. Name and Address of New Registered Agent
81 Name: Roberts, Seba M
82 Street Address (P.O. Box Number is Not Acceptable): 850 N.W. 118 AVE.
83
84 City: Plantation FL 85 Zip Code: 33325

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: Seba M. Roberts — 4-29-96
Signature, typed or printed name of registered agent and title if applicable — Note: Registered Agent signature required when name changing — DATE

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS

TITLE	Sole Owner	☒ DELETE
NAME	Petito, Seba M.	
STREET ADDRESS	850 N.W. 118 AVE	
CITY-ST-ZIP	Plantation, FL 33325	
TITLE	Director	☒ DELETE
NAME	Roberts, Seba M.	
STREET ADDRESS	850 N.W. 118 AVE.	
CITY-ST-ZIP	Plan	
TITLE	Director	☒ DELETE
NAME	Petito, Seba M	
STREET ADDRESS	850 N.W. 118 AVE.	
CITY-ST-ZIP	Plantation, FL 33325	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sole Owner	☒ Change ☐ Addition
1.2 NAME	Roberts, Seba M	
1.3 STREET ADDRESS	850 N.W. 118 AVE	
1.4 CITY-ST-ZIP	Plantation, FL. 33325	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Director	☒ Change ☐ Addition
3.2 NAME	Roberts, Seba M	
3.3 STREET ADDRESS	850 N.W. 118 AVE	
3.4 CITY-ST-ZIP	Plantation, FL. 33325	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	200000186412	☐ Change ☐ Addition
6.2 NAME	-06/17/96--01054--024	
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

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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 on an attachment with an address.

SIGNATURE: Seba M. Roberts — 4-29-96 — 472-6463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #