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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

P95000065053 (7)

1. Corporation Name

EGRC, INC. Principal Place of Business Mailing Address 18810 NORTH WEST 48TH PLACE 18810 NORTH WEST 48TH PLACE MIAMI FL 33055 MIAMI FL 33055 3. Data locomorated or Qualified 08/23/1995 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22  $\Box$ 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees  $Z_{\rm IP}$ Country Country 8. This corporation has liability for intangible tax under s 199,032. 24 25 29 30 Florida Statutes Yes Mo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CARDET, GEORGINA 18810 NORTH WEST 48TH PLACE **B2** Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33055 A3 City 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P --THE DELETE 1. 1 TITLE ☐ Change ☐ Addition CARDET, GEORGINA NAM? 12 NAME 18810 NORTH WEST 48TH PLACE STREET ADDRESS. 1.3 STREET ADDRESS MIAMI FL 33055 CITY-ST-7IP 1.4 CITY - ST - ZIP THEE DELETE 2. 1 TITLE Addition NAM-2 2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP 112 LE DELETE 3.1 TITLE ☐ Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-SI-ZIP 3 4 CITY - ST- ZIP  $IiI (\, F$ DELETE 4.1 TITLE ☐ Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP TITLE DELETE 5 1 THUE Change ☐ Addition NAME 5.2 NAME STHEL: ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change ■ Addition NAME 6.2 NAME STHEET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6 4 City - ST - ZiP 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE** 

GLORYLO CALL GONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 423-96 (300)620-6397

(12/95)

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