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 # **P95000069776 (9)**

1. Corporation Name

CORKY'S OF PEMBROKE, INC.

Principal Place of Business	Mailing Address
1111 LINCOLN ROAD SUITE 500 MIAMI BEACH FL 33139	1111 LINCOLN ROAD SUITE 500 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 09/08/1995
3a. Date of Last Report: NEW Corp

2. Principal Place of Business
21 671 NW 100 PLACE
22 Suite, Apt. #, etc.
23 City, State: PEMBROKE PINES FL
24 Zip: 33024
25 Country: BROWARD

2a. Mailing Address
26 671 NW 100 PLACE
27 Suite, Apt. #, etc.
28 City, State: PEMBROKE PINES FL
29 Zip: 33024
30 Country: BROWARD

4. FEI Number: 65-0608574 ☐ 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

DANIELS, NICHOLAS M ESQ.
1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: SEYMOUR PALEY
82 Street Address (P.O. Box Number is Not Acceptable): 671 NW 100 TH PLACE
83
84 City: PEMBROKE PINES **FL** 85 Zip Code: 33024

11. Pursuant to the provisions of Sections 607.0505 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	ROSE, ELLEN	1.2 NAME	SEYMOUR PALEY
STREET ADDRESS	1111 LINCOLN ROAD, SUITE 500	1.3 STREET ADDRESS	671 NW 100 PLACE
CITY-ST-ZIP	MIAMI FL 33139	1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33024
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 true, 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 I am attaching a new name with a title.

SIGNATURE: S Paley 4/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #