

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

APPROVED
AND
FILED

95 MAY 10 PM 6:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000073223 (6)**

1. Corporation Name

ECSTA-SEA HERBS, INC.



Principal Place of Business

**2841 NE 23 STREET
FT LAUDERDALE FL 33305**

Mailing Address

**2841 NE 23 STREET
FT LAUDERDALE FL 33305**

3. Date Incorporated or Qualified
09/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

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

10. Name and Address of New Registered Agent

**ELLIS, SANDRA B
2841 NE 23 STREET
FT LAUDERDALE FL 33305**

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 registered agent (if applicable)

(if not the Registered Agent, signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ELLIS, SANDRA B
2841 NE 23 STREET
FT LAUDERDALE FL 33305**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP
P.S.

☒ Change ☐ Addition

2. 1. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP
**7000001826427
-05/17/96--01031--007
****225.00 ****225.00**

☐ Change ☐ Addition

3. 1. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

☐ Change ☐ Addition

4. 1. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

☐ Change ☐ Addition

5. 1. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP
\$675/10

☐ Change ☐ Addition

6. 1. TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

☐ Change ☐ Addition

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 recorder 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, unchanged, or on an attached page with an address.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/96

DATE

954563-5212

DATE OF FILING

CR2E034 (12/95)