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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000081287 (1)

DOCUMENT #

SMALL BUSINESS OWNER'S ASSOCIATION OF AMERICA. I NC.

Mailing Address Principal Place of Business 701 U.S. HIGHWAY ONE 701 U.S. HIGHWAY ONE SUITE 400 SUITE 400 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 3. Date Incorporated or Qualified 3a. Date of Last Report 10/23/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Aut. #. etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Z_{iD} Florida Statutes Yes No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 82 1201 HAYS STREET 83 TALLAHASSEE FL 32301-2525 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 7.OTE. Registered Agent signature required when renistating? DATE SIGNATURE Signature, typed or printed name of registers targent and the ill approach ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change | ☐ Add-tion DELE TE 1. 1 TITLE PTO TITLE 1.2 NAME **EISENBERG, JASON** NAME 701 U.S. HIGHWAY ONE, SUITE 400 1.3 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 14 CiTY - \$! - ZiP CITY-ST-ZIP Addition ☐ Change VŠD DELETE 2 1 TUTLE TITLE EISENBERG, STEVE 2.2 NAME NAME 701 U.S. HIGHWAY ONE, SUITE 400 2.3 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 2.4 CITY-51-7IP C+TY - ST - ZIP Cnange Addition DELETE 3 1 T-TLF TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3 4 CITY - ST - ZIF CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S* - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 BL F TITLE 5.2 NAME NAMÉ 5 3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY - ST-ZIP Addition ☐ Change DELETE 6 1 HITLE TITLE

14. I do hereby certify that the information supplied with this filing is foliuntarily furnished and does not gualify 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

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)