

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000082453 (8)

1. Corporation Name

SANTRAY, INC.



Principal Place of Business

Mailing Address

~~HERZFELD & RUBIN~~
~~801 BRICKELL AVENUE, SUITE 1501~~
~~MIAMI FL 33131~~

~~HERZFELD & RUBIN~~
~~801 BRICKELL AVENUE, SUITE 1501~~
~~MIAMI FL 33131~~

3. Date Incorporated or Qualified
10/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **5570 W. Oakland Park Blvd**
Suite, Apt. #, etc.

26 **5570 W. Oakland Park Blvd**
Suite, Apt. #, etc.

4. FEI Number

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 **Lauderhill, FL**
Zip Country

28 **Lauderhill, FL**
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 **33313**

25

29 **33313**

30

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

KRAUSE, DAVID M ESQ.
HERZFELD & RUBIN
801 BRICKELL AVENUE, SUITE 1501
MIAMI FL 33131

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 and the applicable

(NOL) Registered Agent signature required when registering

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME ~~KRAUSE, DAVID M~~
STREET ADDRESS ~~801 BRICKELL AVENUE, SUITE 1501~~
CITY-ST-ZIP ~~MIAMI FL 33131~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **D, Pres** ☒ Change ☐ Addition
1.2 NAME **Wray, Jon C**
1.3 STREET ADDRESS **5116 N.W. 64 Terrace**
1.4 CITY-ST-ZIP **Lauderhill, FL 33319** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE **D, V-P** ☐ Change ☒ Addition
3.2 NAME **Eltz, John**
3.3 STREET ADDRESS **1700 Cleveland Street**
3.4 CITY-ST-ZIP **Hollywood, FL 33020** ☐ Change ☐ Addition

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 ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon C. Wray, President

(954) 733 2420

CR2E034 (3/96)