FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000082634 (3)

FERRIN ENTERPRISES, INC.

Principal Place of Business Mailing Address



7811 HOOD HOLLYWOOD		7811 HOOD ST HOLLYWOOD FL 33024				
				 Date Incorporated or Qualified 10/23/1995 	3a. Date of Last Report	
2. Principal Plac	ce of Business	21. Mailing Address	. 1	4. FEI Number	Applied For	
	SW 8th The	26 636 SW 8	to Your	65.0625452	Not Applicable	
Suite, Apt. #,	etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	uderdale F1	City & State 28 Ft. Landeda	le Fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 3 3 3 4 5	Country 25 Broward	Zip 26 33315	Country 30 Browerd		No No	
1 0 3 7 7 9	9. Name and Address of Current	Registered Agent		10. Name and Address of New I	Registered Agent	
			81 Name			
FERRIN	, SEAN M		82 Street	Address (P.O. Box Number is Not Accepta	ble)	
7811 HOOD ST						
	VOOD FL 33024		83			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84 Crtv		85 Zip Code	
				orporation submits this statement for the pu	FL	
SIGNIATI IDE	n, and accept the obligations of, Sector	of the Mapple area (NCHE	Fregistered Agent signature		DAYE	
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12 Change Addition	
TITLE	D	DELETE	1 1 TIFLE	D CEAN M	Change D Assistant	
NAME	FERRIN, SEAN M		1.2 NAME	FERRIN, SEAN M 836 SW 8th Ave Ft. Lauderdale A 3		
STREET ADDRESS	7811 HOOD ST		1 3 STREET ADDRESS	036 300 100 100 100 100	222.0	
City-St-ZiP	HOLLYWOOD FL 33024	ET DC. ETC	1.4 CiTY-ST-ZIP	H. Lavaerance Pl	Change Addition	
THTLE		DELETE	2 1 TITLE			
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - ST - ZIP		T DELETE	2.4 City-S1-ZIP 3.1 TitE		Change Addition	
IITLE					_ s.ag	
NAME			3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS						
DITY-ST-ZIP		□ DELE1E	34 CHY-ST-ZIP 4 1 TIFLE		Change Addition	
ITLE		Occ. 12	4 2 NAME			
NAME			4.3 STREET ADDRESS			
STREET ADDRESS			4.4 C:TY+ST-7/P			
CITY-ST-ZIP FITLE		[] DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
NAME STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5 4 City - St - ZiF			
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
			6.3 STREET ADDRESS	; 1		
CIRCLI ADDRESS						
STREET ADDRESS CITY-ST-ZIP			6.4 CITY - ST-ZIP	ualify for the exemption stated in Section 11		

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 eager energy 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.

SIGNATURE:

Secon FCTTIN