

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 # **P95000087520 (9)**

1. Corporation Name

AUGE UNIVERSAL INC.



Principal Place of Business

**2650 SCOTT STREET
HOLLYWOOD FL 33020**

Mailing Address

**2650 SCOTT STREET
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified

11/14/1995

3a. Date of Last Report

2. Principal Place of Business

21 10180 W BAY HARBOR DR.

Suite, Apt. #, etc.

22 SUITE 2-B

City & State

23 BAY HARBOR ISLAND, FL

Zip

24 33154

Country

25 USA

2a. Mailing Address

26 10180 W BAY HARBOR DR.

Suite, Apt. #, etc.

27 SUITE 2-B

City & State

28 BAY HARBOR ISLAND, FL

Zip

29 # 33154

Country

30 USA

4. FET Number

65-0623233

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

**AUGE, BIRGIT
2650 SCOTT STREET
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

**81 Name
AUGE, BIRGIT**

82 Street Address (P.O. Box Number is Not Acceptable)

10180 W BAY HARBOR DRIVE SUITE 2-B

83

84 City

BAY HARBOR ISLAND,

FL

85 Zip Code

33154

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 of Corporation or Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☒ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
**AUGE, BIRGIT
10180 W BAY HARBOR DRIVE SUITE 2-B
BAY HARBOR ISLAND, FL 33154**

2. TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
**100001808621
-05/06/96--01026--006
***200.00**

5. TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
**51-196
AUGE**

6. TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 607, 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

April 16, 1996 (305)865-3929

Date

Daytime Phone

CR2E034 (12/95)