

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000094903 (8)

1. Corporation Name

LORAL ASSOCIATES, INC.



Principal Place of Business

16237 OPAL CREEK DR.
FT. LAUDERDALE FL 33331

Mailing Address

16237 OPAL CREEK DR.
FT. LAUDERDALE FL 33331

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

3. Date Incorporated or Qualified

12/14/1995

3a. Date of Last Report

4. BEI Number

65-0635512

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

10. Name and Address of New Registered Agent

81

Name

PAUL BOGUS

82

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

16237 OPAL CREEK DRIVE

83

84

City

FT. LAUDERDALE

FL

85

Zip Code

33331

11. Pursuant to the provisions of Sections 607.0202 and 607.1503, 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 obligation of, Section 607.0605, Florida Statutes.

SIGNATURE

Paul Bogus

PAUL BOGUS

4-4-96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BOGUS, PAUL	
STREET ADDRESS	16237 OPAL CREEK DR.	
CITY-STATE-ZIP	FT. LAUDERDALE FL 33331	
TITLE	VD	☐ DELETE
NAME	BOGUS, ILENE	
STREET ADDRESS	16237 OPAL CREEK DR.	
CITY-STATE-ZIP	FT. LAUDERDALE FL 33331	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-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 or person 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:

Paul Bogus

PAUL BOGUS, PRES.

4-4-96

954-384-9561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)