

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000095664 (5)

1. Corporation Name
PRODUCTIVITY PARTNERS II, INC.



Principal Place of Business
1095 SHOTGUN ROAD
SUNRISE FL 33326

Mailing Address
1095 SHOTGUN ROAD
SUNRISE FL 33326-1011

3. Date Incorporated or Qualified
12/18/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0627328

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9600 West Sample RD
404
Coral Springs, FL
33065
USA

9. Name and Address of Current Registered Agent

HEALY, DAVID P
106 EAST COLLEGE AVENUE
SUITE 1200
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HERMANN, RICHARD F			1.2 NAME			
STREET ADDRESS	1095 SHOTGUN ROAD			1.3 STREET ADDRESS	9600 West Sample Road #404		
CITY-ST-ZIP	SUNRISE FL 33326			1.4 CITY-ST-ZIP	Coral Springs, FL 33065		
TITLE	D	DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOSCIA, DIANA E			2.2 NAME			
STREET ADDRESS	1095 SHOTGUN ROAD			2.3 STREET ADDRESS	9600 West Sample Road #404		
CITY-ST-ZIP	SUNRISE FL 33326			2.4 CITY-ST-ZIP	Coral Springs, FL 33065		
TITLE	D	DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILLOCKS, JAMES S			3.2 NAME			
STREET ADDRESS	1095 SHOTGUN ROAD			3.3 STREET ADDRESS	9600 West Sample Road #404		
CITY-ST-ZIP	SUNRISE FL 33326			3.4 CITY-ST-ZIP	Coral Springs, FL 33065		
TITLE	D	DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ESCARZAGA, WALTER			4.2 NAME			
STREET ADDRESS	1095 SHOTGUN ROAD			4.3 STREET ADDRESS	9600 West Sample Road #404		
CITY-ST-ZIP	SUNRISE FL 33326			4.4 CITY-ST-ZIP	Coral Springs, FL 33065		
TITLE		DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1-8-97

954-344-8355

020444

CR2E034 (9/96)