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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

1996

DIVISION OF CORPORATIONS P9600001028 (5) **DOCUMENT #**

HOCUS POCUS ENTERPRISES, INC.

| 6: 16 | | | | | | |
|---|--|---|--------------------|--|---|--|
| Principal Place of Business Mailing Address | | | | . concern un saus diet date ante ante ante ante ante ante ante a | | |
| %JERRY M SYROP 1515 UNIVERSITY DR. SUITE 218 CORAL SPRINGS FL 33071 | | %JERRY M SYROP 1515 UNIVERSITY DR. SUITE 218 CORAL SPRINGS FL 33071 | | | | |
| | | | | 3. Date incorporated or Qualified 12/27/1995 | 3a. Date of Last Report | |
| | ace of Business | 2a. Mailing Address | | • | 4. FEI Number | Applied For |
| 21 865 S. Congress Aue. | | 26 SAME | | 65-063/528 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State 23 W66T | | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Cou | ntcy | 8. This corporation has hability for | intangible tax under s. 199.032, |
| 24 3340 | 6 25 | 29 | 30 | | Florida Statutes Yes | ; |
| | 9. Name and Address of Currer | nt Registered Agent | | | 10. Name and Address of New F | Registered Agent |
| | | | | 81 Name | | |
| SYROP, JERRY M | | | | 82 Street Ad | ress (P.O. Box Number is Not Acceptab | Dia) |
| 1515 UN | iiversity dr | | | ou con rich | 1000 (.o. 200 (15/16/16 15 16/16/00) | |
| SUITE 218 CORAL SPRINGS FL 33071 | | | | 83 84 City 85 Zo Code | | |
| | | | | | | |
| or register | to the provisions of Sections 607.0502 ed agent, or both, in the State of Floring and accept the of ligations of, Sect Sections, Special and a wear special special sections. Special candidates are considered as a sec | du Such change was authoriz ion 607.0505, Florida Statules | ed by the c | xirparation's bea 1. Syra | valion submits this statement for the pulard of directors. Thereby accept the app | rpose of changing its registered office continuous as registered agent. I am |
| 12. | OFFICER ANI | DURECTORS | 13. | | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.11 | TLE | | Change Addition |
| NAME | SICILIANO, MICHAEL | | 12 N | ME | | |
| STREET ADDRESS | %1515 UNIVERSITY DR, SUIT | E 218 | 1.3 ST | REET ADDRESS | | |
| CITY - ST - ZIP | CORAL SPRINGS FL 33071 | | 1.4 CI | TY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.11 | | | Change Addition |
| NAME | KEATHLEYO, TIMOTHY | | 2 2 NAME | | | |
| STREET ADDRESS | %1515 UNIVERSITY DR, SUIT | E 218 | | REE! ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | | 2.4 CHY - S1 - ZIP | | | |
| TITLE | 10 | DELETE | 3 1 HILE | | | Change Addition |
| NAME | LISCIO, ILEINE | man.r | 3.2 NAME | | | <u> </u> |
| STREET ADDRESS | %1515 UNIVERSITY DR, SUIT | E 218 | | IREET ADDRESS | | |
| CITY-ST-7:P | CORAL SPRINGS FL 33071 | | | TY - ST - Z/P | | |
| TITLE | SO | □ DELETE | 4 1 1 | | | Change Addition |
| NAME | LISCIO, CHERRI L | | 4 2 NA | | | Chounge Chyaquini |
| STREET ADDRESS | %1515 UNIVERSITY DR, SUIT | F 218 | | REEL ADDRESS | | |
| DIVIDE CONTROL | | v | ■ 935I | nucl expunction 1 | | |

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 early 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 trusted employment 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

4.4.011 S1-ZIP

5.3 STREET ADDRESS

6.3 STRUET ADDRESS

5.4 CHY ST-ZIP

5 1 T TLE

5.2 NAME

6 1 JHG

6.2 NAME

SIGNATURE: 😕

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CORAL SPRINGS FL 33071

SHERIYUNLisco SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Addition

☐ Addition

Change