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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000006824 (2)

1. Corporation Name

CORPERSONA, INCORPORATED

Principal Place of Business

10799 SANA ROSA DRIVE
BOCA RATON FL 33498

Mailing Address

10799 SANA ROSA DRIVE
BOCA RATON FL 33498-6720

3. Date Incorporated or Qualified

01/18/1996

3a. Date of Last Report

2. Principal Place of Business

21 3200 N. FEDERAL HWY

Suite, Apt. #, etc.

22 206-8

City & State

23 BOCA RATON, FL

Zip

24 33431

Country

25 USA

2a. Mailing Address

26 3200 N. FEDERAL HWY

Suite, Apt. #, etc.

27 206-8

City & State

28 BOCA RATON, FL

Zip

29 33431

Country

30 USA

4. FEI Number

65-0567734

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

LATERA, KEN
10799 SANA ROSA DRIVE
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

81 Name

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

5500 LYONS RD

83 COCONUT CREEK APT. 203

84 City

COCONUT CREEK FL

85 Zip Code

33073

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

Ken Latera

KEN LATERA PRES.

2-10-97

Signature, typed printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
LATERA, KEN
STREET ADDRESS 10799 SANTA ROSA DRIVE
CITY-ST-ZIP BOCA RATON FL 33498

TITLE ☐ DELETE

NAME D
MICHALOWSKY, ERIC
STREET ADDRESS 325 SW 113 WAY
CITY-ST-ZIP PEMBROKE PINES FL 33025

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5500 LYONS RD. # 203
COCONUT CREEK, FL 33073

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5107 MCKINLEY ST.
HOLLYWOOD, FL 33021

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Ken Latera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEN LATERA 2-10-97

Date

561-447-9000

Daytime Phone #

0341885

CR2E034 (9/96)