

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

FILED

Feb 27 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 # P96000010121 (7)

1. Corporation Name  
THIRTY SIX, INC.



Principal Place of Business  
1805 N ATLANTIC BLVD #8-D  
FT LAUDERDALE FL 33305

Mailing Address  
1805 N ATLANTIC BLVD #8-D  
FT LAUDERDALE FL 33305-3706

3. Date Incorporated or Qualified  
02/01/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2455 E. Sunrise Blvd.

26 2455 E. Sunrise Blvd.

4. FEI Number  
65-0639619

Applied For  
Not Applicable

22 suite 503

27 suite 503

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 33304

25 Broward

29 33304

30 Broward

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OKRASKA, MARLI  
1905 N ATLANTIC BLVD #8-D  
FT LAUDERDALE FL 33305

81 Name

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

2455 E. Sunrise Blvd.

83 suite 503

84 City

Ft. Lauderdale

FL

85 Zip Code  
33304

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD  
NAME OKRASKA, MARLI  
STREET ADDRESS 1905 N ATLANTIC BLVD #8-D  
CITY-ST-ZIP FT LAUDERDALE FL 33305

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)