

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

FILED  
Jul 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P96000017814 (0)**

1. Corporation Name

**SENATE INVESTMENT COMPANY, INC.**



Principal Place of Business

Mailing Address

**P.O. BOX 15528  
WEST PALM BEACH FL 33414**

**18300 BON KARMAN AVE.  
SUITE 820  
IRVINE CA 92612  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/27/1996**

4. FEI Number

**APPLIED FOR**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COUPLES, DEBORAH  
13198 FORREST HILL BLVD.  
WEST PALM BEACH FL 33414**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 **PSTD** ☐ DELETE  
NAME **COUPLES, DEBORAH**  
STREET ADDRESS **13198 FOREST HILLS BLVD.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**500002586275**  
**-07/13/98--01043--035**  
**\*\*\*150.00**

**200002586262**  
**-07/13/98--01043--034**  
**\*\*\*150.00**

14. I 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 or on an attachment with an address.

CR2E034 (10/97)

2

Form **SS-4**

(Rev. December 1993)  
Department of the Treasury  
Internal Revenue Service

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003  
Expires 12-31-96

1 Name of applicant (Legal name)

**Senate Investments Company, Inc.**

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

**Deborah Couples**

4a Mailing address (street address) (room, apt., or suite no.)

**P.O. BOX 15529**

5a Business address, if different from address in lines 4a and 4b

**13198 FOREST HILL BLVD.**

4b City, state, and ZIP code

**WEST PALM BEACH, FLORIDA 33416**

5b City, state, and ZIP code

**WEST PALM BEACH, FLORIDA 33414**

6 County and State where principal business is located **PALM BEACH COUNTY, FLORIDA**

7 Name of principal officer, general partner, grantor, owner, or trustee-SSN required

**Deborah Couples**

8a Type of entity (Check only one box.)

☐ Sole Proprietor (SSN)

☐ REMIC

☐ State/local government

☐ Other nonprofit organization (specify)

☐ Other (specify)

☐ Personal service corp.

☐ National guard

☐ Estate (SSN of decedent)

☐ Plan administrator-SSN

☒ Other corporation (specify)

☐ Federal government/military

(enter GEN if applicable)

☐ Trust

☐ Partnership

☐ Farmers' cooperative

**Sub-S**

☐ Church or church controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

**Florida**

Foreign country

9 Reason for applying (Check only one box.)

☒ Started new business (specify) **2/10/97**

☐ Hired employees

☐ Created a pension plan (specify type)

☐ Banking purpose (specify)

☐ Changed type of organization (specify)

☐ Purchased going business

☐ Created a trust (specify)

☐ Other (specify)

10 Date business started or acquired (Mo., day, year)

**2/10/97**

11 Enter closing month of accounting year.

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

**N/A**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural

**0**

Agricultural

**0**

Household

**0**

14 Principal activity

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used

☐ Yes

☐ No

16 To whom are most of the products or services sold? Please check the appropriate box.

☐ Public (retail)

☐ Other (specify)

☐ Business (wholesale)

☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business?

☐ Yes

☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than shown on prior application.

Legal name

Trade name

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)

City, and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number  
(include area code)

Name and title (Please type or print clearly.)

**Deborah Couples, President**

**(561) 790-4867**

Signature

**Deborah Couples**

Date **2/26/97**

Note: Do not write below this line. For official use only.

Please leave blank

Geo.

Ind.

Class

Size

Reason for applying