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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 14 1997 8:00am

Secretary of State

(467)779-0323 Daytirno Prione 4 0100223

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000073527 (9)

CORNER POCKET INC.  Principal Place of Business  Mailing Address  288 NORTH A1A  ADIALANTIC FL 32903  Mailing Address  2388 NORTH A1A  HOIALANTIC FL 32903-2509								
				,	3. Date incorporated or Qualified 08/30/1996	3a. Date	of Last Re	eport
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
1		26			59-3409378		Not	t Applicable
Suite, Apt. ∈	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>\$8.75</b> A Fee Re	
2  City & State		City & State		·	6. Election Campaign Financing			
3	J.	28			Trust Fund Contribution		\$5.00 Added to	
Ζίρ	Country	Zip	Country		8. This corporation has liability for			199.032,
4	25	[29]	30			Yes 🔲		
	g. Name and Address of C	urrent Registered Agent	81) Na		10. Name and Address of New Re	egistered Age	ent	
	BARON C							
	NORTH A1A ALANTIC FL 32903		82 Stre	eet Addre	ess (P.O. Box Number is Not Acceptal	ble)		
MILW	CANTO IL OLIVO		83					
				·····		·		
			<b>84</b> City	y		FL	85 Zip C	Code
office or re agent Lar	egistered agent or both, in the military ar with, and accept the	P.0502 and 607, 1508, Florida Stat State of Florida, Such change was obligations of, Section 607,0505, I	utes, the above-nan s authorized by the Florida Statutes.	corporation	oration submits this statement for the join's board of directors. I hereby acce	pt the appoin	tment as	registered
SIGNATURE	Signation typed or priored cause of registe		utes, the above-nans authorized by the Florida Statutes.  OTE Flogisland Agent spr.  13.		oration submits this statement for the jon's board of directors. I hereby accended when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE		
SIGNATURE	S per an appear of provide speec of registe  OFFICER  D	ereb agest and title if applicable. (No	OTE Flegistered Agent sign		ed when reinstating)	DATE CERS AND D		
SIGNATURE  12. THEE NAME	S years typed to proved how, of regards OFFICER D MACK, VINCENT J	erop agent and title if applicable. (No	OTE Registered Agent sign		ed when reinstating)	DATE CERS AND D	IRECTOR	IS IN 12
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