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Feb 12 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 # P96000082865 (2)

1. Corporation Name
POLARIS MEMORY, INC.

Principal Place of Business
1844 NOB HILL ROAD, SUITE 229
FORT LAUDERDALE FL 33322

Mailing Address
1844 NOB HILL ROAD, SUITE 229
FORT LAUDERDALE FL 33322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 150 NW 70th Avenue
Suite, Apt. #, etc.
22 Suite 3A
City & State
23 Plantation Florida
Zip
24 33317 Country
25 USA

26. Mailing Address
26 150 NW 70th Avenue
Suite, Apt. #, etc.
27 Suite 3A
City & State
28 Plantation, Florida
Zip
29 33317 Country
30 USA

3. Date Incorporated or Qualified
10/08/1996

4. FEI Number
65-0713865

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

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

TITLE PD
NAME NUSSENBLATT, JOEL A
STREET ADDRESS 1844 NOB HILL ROAD, SUITE 229
CITY-ST-ZIP FORT LAUDERDALE FL 33322

TITLE VSD
NAME NUSSENBLATT, BRYAN B
STREET ADDRESS 1844 NOB HILL ROAD, SUITE 229
CITY-ST-ZIP FORT LAUDERDALE FL 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PO
1.2 NAME Nussenblatt, Joel A
1.3 STREET ADDRESS 150 NW 70th Avenue Suite 3A
1.4 CITY-ST-ZIP Plantation FL 33317

2.1 TITLE VSD
2.2 NAME Nussenblatt, Bryan B
2.3 STREET ADDRESS 150 NW 70th Avenue Suite 3A
2.4 CITY-ST-ZIP Plantation FL 33317

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

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

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

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

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 if changed, or on an attachment with an address.

SIGNATURE:

Joel Nussenblatt

Joel Nussenblatt

2/2/98

954-581-0086

CR2E034 (10/97)