

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P97000071053 (7)**

1. Corporation Name  
**5105 CORPORATION**

*5105 Corporation*

APPROVED  
AND  
FILED

98 JUL 20 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10fz

0074870



Principal Place of Business  
**1012 DEL HARBOUR DR.  
DELRAY BEACH FL 33483**

Mailing Address  
**1012 DEL HARBOUR DR.  
DELRAY BEACH FL 33483**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

3. Date Incorporated or Qualified

**08/15/1997**

4. FEI Number

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

10. Name and Address of New Registered Agent

**ENSLER, HENRY R  
7601 NORTH FEDERAL HIGHWAY, STE. 230B  
BOCA RATON FL 33487**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TURNER, MAUREEN  
1012 DEL HARBOUR DR.  
DELRAY BEACH FL 33483**

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

☐ Change ☐ Addition  
**700002595447-3  
-07/22/98-01065-001  
\*\*\*\*150.00 \*\*\*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

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

*Maureen Turner*

6/29/98

561-274-4665

CR2E034 (5/98)

2012

ATTN: M. TURNER:  
REF. OUR CONVERSATION TODAY:

5105 Corporation  
1012 Del Harbour Drive  
Delray Beach, FL. 33483

Maureen Turner, President

Tel. # 561 274 4665  
Fax. # 561 266 9566

July 17, 1998

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

Re: 5105 Corporation/"S" Corporation  
Ref. #P97000071053

Gentlemen:

As per conversation with your office on June 29, I followed instructions given. I would like you to be aware of the following:

1. This is my first time filing.
2. This was my first notice that \$150.00 was needed.
3. My husband, is a 100% disabled veteran and I do not have an extra \$400 for an error that I believe was not caused intentionally.
4. When I filed my taxes in April, no one advised me I needed to do anything further.
5. I called your office today and spoke to "Richard"; he advised me to now mail it to this address.
6. Please RECONSIDER your penalty. I had no intention of not filing; I was not aware in making the corporation which is an "S" corporation that I had to do anything further.
- 7.. I have been informed that post office boxes for all intents and purposes do not take certified mail.

Please update my status and look favorably upon this letter.

Very truly yours,

  
Maureen Turner, Pres.  
5105 Corporation

mt  
Enc.

P.S.: I have been told by Richard to NOT send this letter to Box 1500 but to send it to Box 6327. I BEG OF YOU to please handle this.

