

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **S09485** (1)

1. Corporation Name

POSITIVE DIRECTIONS, INC.

Principal Place of Business

Mailing Address

**541 S SR 7
STE 10
MARGATE FL 33068
US**

**541 S SR 7
STE 10
MARGATE FL 33068
US**

3. Date Incorporated or Qualified
10/29/1990

3a. Date of Last Report
08/24/1995

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORTE, ROBERT S
777 S SR 7
STE 10
MARGATE FL 33068**

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 for this state

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ DELETE
NAME **ORTE, ROBERT S**
STREET ADDRESS **777 S STATE RD 7 STE 10**
CITY-ST-ZIP **MARGATE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **President** ☒ Change ☐ Addition
12 NAME **Porte, Robert S.**
13 STREET ADDRESS **541 S. State Road 7, Suite 10**
14 CITY-ST-ZIP **Margate, FL 33068**

21 TITLE **Vice President** ☐ Change ☒ Addition
22 NAME **Blaser-Porte, Meg**
23 STREET ADDRESS **541 S. State Road 7, Suite 10**
24 CITY-ST-ZIP **Margate, Florida 33068**

31 TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
32 NAME **Harmon, Sally**
33 STREET ADDRESS **541 S. State Road 7, Suite 10**
34 CITY-ST-ZIP **Margate, Florida 33068**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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 newly appointed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

Date

954-979-2655

Display Phone #

CR2E034 (12/95)