

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

DOCUMENT # S09583 (3)

1. Corporation Name

1011 GROUP, INC.

Principal Place of Business

ONE ST. JOHN'S PLACE
ORMOND BEACH FL 32176

Mailing Address

ONE ST. JOHN'S PLACE
ORMOND BEACH FL 32176



3. Date Incorporated or Qualified
10/29/1990

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 One John Andersn Drive

26 One John Anderson Drive

4. FEI Number
59-3042852

Applied For

Not Applicable

22 Suite, Apt. #, etc.
Apt. 709

Suite, Apt. #, etc.
Apt. 709

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

27 City & State

Ormond Beach, FL

Ormond Beach, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

Country

28 Zip

Country

32176

29 32176

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNETT, RANDOM R.
501 N. GRANDVIEW AVENUE
DAYTONA BEACH FL 32118

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, if applicable,

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME

DP
HAAS, DONALD A.
ONE ST. JOHN'S PLACE
ORMOND BEACH FL

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

One John Anderson Drive Apt. 709
Ormond Beach, FL 32176

CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☒ Addition

NAME

STD
SAMUELS, LOUIS P.
500 CARSWELL AVENUE
HOLL HILL FL

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-STATE-ZIP

2.4 CITY-STATE-ZIP

Zip 32117

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☒ Addition

NAME

VD
COHEN, ZEV
55 SETON TRAIL
ORMOND BEACH FL

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

Zip 32176

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-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 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:

Zev Cohen VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

(904) 677-2482
Daytime Phone #

CR2E034 (12/95)