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 # **S23063** **(8)**

1. Corporation Name
POINSETTIA INVESTMENT, INC.

Principal Place of Business
4701 BALLARD ROAD
FT. MYERS FL 33905
US

Mailing Address
BOX 16358
PLANTATION FL 33318

3. Date Incorporated or Qualified: 01/04/1991
3a. Date of Last Report: 02/09/1995

2. Principal Place of Business
21 ____
Suite, Apt. #, etc
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 8320 W. SUNRISE BLVD
Suite, Apt. #, etc
27 203
City & State
28 PLANTATION, FL
Zip 29 33322 Country 30 US

4. FEI Number: 65-0235242 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

HOLSTEIN, GERALD K.
8320 W. SUNRISE BLVD. #203
PLANTATION FL 33322

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	MCGAVIN, ADAM, JR.	
STREET ADDRESS	2269 S. UNIVERSITY DR.	
CITY-ST-ZIP	DAVIE FL	
TITLE	DS	[ ] DELETE
NAME	HOLDEN, JOHN	
STREET ADDRESS	344 PROSPECT AVE.	
CITY-ST-ZIP	HACKENSACK NJ	
TITLE	T	[ ] DELETE
NAME	HOLSTEIN, GERALD K.	
STREET ADDRESS	8320 W. SUNRISE BLVD. #203	
CITY-ST-ZIP	PLANTATION 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Gerald [signature] T/A/A/. 2/11/96 (954) 370-8220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GERALD K. HOLSTEIN — Date — Daytime Phone #