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FILED

Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S31126

(3)

1. Corporation Name
CORMA FLORIDA DESIGNS, INC.



Principal Place of Business

1881 N.E. 26TH STREET
SUITE 100
FT. LAUDERDALE FL 33305
US

Mailing Address

1881 N.E. 26TH STREET
SUITE 100
FT. LAUDERDALE FL 33305-1427
US

3. Date Incorporated or Qualified
01/30/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 3303 N. OCEAN BLVD.

2a. Mailing Address

26 3303 N. OCEAN BLVD.

4. FEI Number

65-0237984

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ft. LAUDERDALE, FL

City & State

28 Ft. LAUDERDALE, FL

Zip

24 33308

Country

25 USA

Zip

29 33308

Country

30 USA

9. Name and Address of Current Registered Agent

LILIENTHAL, ALFRED
1881 N.E. 26TH STREET
SUITE 100
FT. LAUDERDALE FL 33305

New
Address
only!

10. Name and Address of New Registered Agent

81 Name

LILIENTHAL, ALFRED

82 Street Address (P.O. Box Number is Not Acceptable)

2050 NE 39TH ST. #105

83

84 City

Ft. LAUDERDALE

FL

85 Zip Code

33307

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D LILIENTHAL, ALFRED
STREET ADDRESS
P. O. BOX 23225
CITY - ST - ZIP
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
D LUPKE, MANFRED
STREET ADDRESS
10 MCLEARY COURT
CITY - ST - ZIP
TORONTO, ONT, CANADA

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

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

14. I do 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:

Alfred J. Lilienthal

Alfred J. Lilienthal

JAN 7, 97

954-563-1078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0281654

CR2E034 (9/96)