

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 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 # S48099

(3)

1. Corporation Name
TOTAL ENTERPRISES, INC.



Principal Place of Business

300 SEVILLA AVE.
SUITE 311
CORAL GABLES FL 33134-6636

Mailing Address

300 SEVILLA AVE.
SUITE 311
CORAL GABLES FL 33134-6633

3. Date Incorporated or Qualified
04/26/1991

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

2. Principal Place of Business

21 5300 NW 33rd Ave
Suite, Apt. #, etc.

22 SUITE 215

City & State

23 FORT LAUDERDALE, FL

Zip

24 33309

Country

25 USA

2a. Mailing Address

26 5300 NW 33rd Ave.
Suite, Apt. #, etc.

27 SUITE 215

City & State

28 FORT LAUDERDALE, FL

Zip

29 33309

Country

30 USA

4. FEI Number

65-0255299

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

8. Election Campaign Financing

☐

\$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

BERNARD, MICHAEL
300 SEVILLA AVE.
SUITE 311
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

5300 NW 33rd AVENUE

83 SUITE 215

84 City

FORT LAUDERDALE

FL

85 Zip Code

33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

Michael D. Bernard
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BERNARD, RICHARD
STREET ADDRESS 300 SEVILLA AVE. #311
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME BERNARD, MICHAEL
STREET ADDRESS 300 SEVILLA AVE. #311
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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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 STD

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME PD BERNARD, MICHAEL D.

2.3 STREET ADDRESS 5300 NW 33rd AVE #215

2.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33309

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, on an attachment with an address.

SIGNATURE:

Michael D. Bernard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

Date

Daytime Phone #

CR2E034 (9/96)