

PROFIT CORPORATION ANNUAL REPORT 1996



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

1. Corporation Name
PINCHY, INC.

Principal Place of Business

3900 CLARK RD
BLDG B-1
SARASOTA FL 34233-2368

Mailing Address

3900 CLARK RD
BLDG B-1
SARASOTA FL 34233-2368

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
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22	City & State	27	City & State
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23	28
Zip	Zip
Country	

24	25	29
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9. Name and Address of Current Registered Agent

BROWNSTEIN, MORTON
3900 CLARK RD.
BLDG. B-1
SARASOTA FL 34233

81: Name:

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

33

4 City

FL

85	Zip Code
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11. Pursuant to the provisions of Sections 607.0002 and 607.1508, Florida Statutes, I, the undersigned, as broker, agent, or registered agent, or both, in the State of Florida, do hereby certify that the foregoing information is true and correct to the best of my knowledge and belief. Such change was authorized by the board of directors, the partnership, or the owner, as applicable, and I am duly authorized to execute this statement on behalf of the company, partnership, or owner, as applicable, and accept the obligations of Section 607.0009, Florida Statutes.

I, _____, a duly authorized officer of the corporation, hereby certify that the foregoing is a true and correct copy of the resolution of the board of directors of the corporation. I am _____.

SIGNATURE _____

[illegible]

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OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	☐ DELETE
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☐ Change ☐ Add on

NAME	BROWNSTEIN, MORTON
STREET ADDRESS	3900 CLARK RD., BLDG B-1
CITY, ST., ZIP	SARASOTA FL

FILE NO.	100-441101	DATE	11/1/78
TITLE	DST	FILED	[] DEL 78
NAME	BROWNSTEIN, HELEN		
STREET ADDRESS	3900 CLARK RD., BLDG B-1		

CITY-STATE-ZIP	SARASOTA FL	
TITLE	V	☐ COLLECT
NAME	BROWNSTEIN, HELEN	

STREET ADDRESS	3900 CLARK RD., BLDG B-1
CITY - ST - ZIP	SARASOTA FL
TITLE	☐ DEFER

NAME _____
 STREET ADDRESS _____
 CITY - STATE _____

TIME	☐ DUE TO:
NAME	
STREET ADDRESS	

CITY - ST - ZIP	
TITLE	☐ DIRECT
NAME	

STREET ADDRESS
CITY, STATE ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, and I certify that the information indicated on this annual report or supplementary annual report, stating that I am an officer or director of the corporation or the receiver or trustee empowers me to appear in Block 12 or Block 13 if changed, or in an attached written address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

It is not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further true and accurate and that my signature shall have the same legal effect as if made under I do execute this report as required by Chapter 607, Florida Statutes; and that my name

3/13/96 941-921125

CR2E034 (12/95)