

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

FILED
Mar 15, 1996 08:00 AM
Secretary of State

DOCUMENT # **S59949** (5)
1. Corporation Name
MAKING ENDS MEET, INC.



Principal Place of Business: **17870 BISCAYNE BLVD. MIAMI FL 33160-2534**
Mailing Address: **8099 S. DIXIE HWY. MIAMI FL 33143 US**

3. Date Incorporated or Qualified: **06/17/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0269221**
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMITT, CARL A.
1666 KENNEDY CAUSEWAY
SUITE 705
N. BAY VILLAGE FL 33141

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: DELETE
NAME: **D THOMAS, TRACY P.**
STREET ADDRESS: **17870 BISCAYNE BLVD.**
CITY - ST - ZIP: **MIAMI FL**
2. TITLE: DELETE
NAME: **D THOMAS, JOHN**
STREET ADDRESS: **17870 BISCAYNE BLVD.**
CITY - ST - ZIP: **MIAMI FL**
3. TITLE: DELETE
4. TITLE: DELETE
5. TITLE: DELETE
6. TITLE: DELETE

1. 1. TITLE: Change Addition
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY - ST - ZIP
5. 5. TITLE: Change Addition
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY - ST - ZIP
9. 9. TITLE: Change Addition
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY - ST - ZIP
13. 13. TITLE: Change Addition
14. 14. NAME
15. 15. STREET ADDRESS
16. 16. CITY - ST - ZIP
17. 17. TITLE: Change Addition
18. 18. NAME
19. 19. STREET ADDRESS
20. 20. CITY - ST - 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: *[Signature]* 3/9/96 96055433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)