

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 571649

1. Corporation Name

BULLSEYE, Inc. OF THE PALM BEACHES

Principal Place of Business

Mailing Address

~~3211 N.W. 106 Ave~~

~~3211 N.W. 106 Ave~~

~~CORAL SPRINGS, FL. 33065~~

~~CORAL SPRINGS, FL. 33065~~

2. Principal Place of Business

2a. Mailing Address

21 4900 Godfrey Road

26 4900 Godfrey Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 CORAL SPRINGS, FL.

28 CORAL SPRINGS, FL.

24 33067

25 Broward

29 33067

30 Broward

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

08/07/1991

05/23/95

4. FEI Number

65-0338557

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

10. Name and Address of New Registered Agent

81 Name Bull, Charles H.

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

83 4900 Godfrey Road

84 City CORAL SPRINGS

FL

85 Zip Code

33067

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 of the person authorized to file this report and the corporation's

(NOTE: Registered Agent signature required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P/T/D Bull, Charles H.

3211 NW 106 Ave

CORAL SPRINGS, FL. 33065

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP

111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP

121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-ST-ZIP

131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP

141 TITLE 142 NAME 143 STREET ADDRESS 144 CITY-ST-ZIP

151 TITLE 152 NAME 153 STREET ADDRESS 154 CITY-ST-ZIP

161 TITLE 162 NAME 163 STREET ADDRESS 164 CITY-ST-ZIP

171 TITLE 172 NAME 173 STREET ADDRESS 174 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, Change, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/96 (954)796-0706

CR2E034 (3/96)