SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S82 1. Corporation Name SINGER ENTERPRISES, INC. S82456

(2)

APPROVED AND FILED



1997 JUL 23 PH 12: 46

SECHETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	of Business	Mailing Address				
2207 WILSON STREET HOLLYWOOD FL \$3020		2207 WILSON STREET	· .			
•					3. Date Incorporated or Qualified	IN THIS SPACE 3a. Date of Last Report
					09/23/1991	05/01/1996
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			65-0288796	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State	***************************************	*	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Cou	ın!rv	Trust Fund Contribution 8. This corporation owes or has pa	
24	25	29	30	,	Personal Property Tax due June	
	9, Name and Address of Curre		1441		10. Name and Address of New Re	
	GER, BRUCE			81 Name		
	7 WILSON STREET			82 Street A	ddress (P.O. Box Number is Not Acceptab	ole)
HUL	LYWOOD FL 33020				7000022	
				83	-07/29/9	
				84 City		85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Florida State	ules, the al	oove-named of by the corp.	corporation submits this statement for the poration's board of directors. I hereby accep	ourpose of changing its registered
agent I an	n familiar with, and accept the oblig	ations of, Section 607.0505, I	lorida Stat	ules.	oranomo boura er anderere. Priorees, aceser	or the appointment as registered
SIGNATURE 5	Signature, typed or printed name of registered ag	ent and little if applicable (NO	DTE: Registere	d Agent signature r	equired when reinstating)	DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PSD	☐ DELETE	1.1 T/	TLE	, , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition
NAME	SINGER, BRUCE		1 2 N/	ME		
STREET ADDRESS	2207 WILSON STREET		1.3 \$1	REET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CI	TY-ST-ZIP		
TITLE		☐ DELETE	2.1 TI	TLE		☐ Change ☐ Addition
NAME			2.2 N/	ME		
STREET ADDRESS			2.3 \$1	REET ADDRESS		
CITY-ST-ZIP		T prieze		TY-ST-ZIP		
TITLE		L] DELETE	3.1 Ti			Change Addition
NAME			3.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. C 4.1 TI	TY-ST-ZIP		Change Addition
77.62		_ Decem	4.2 N			Change C Roution
STREET ADDRESS				REET ADDRESS		İ
City-ST-ZIP				1Y-S1-ZIP		
TITLE		DELETE	5.1 ((,	Change Addition
NAME			5,2 NA	ME		
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY-ST-ZIP	·		5.4 Ci	ry-St-ZIP		
TITLE		☐ DELETE	61 TII			☐ Change ☐ ☐ Addition
NAME			62 NA	ME		16/ 167
STREET ADDRESS			6.3 ST	REET ADDRESS		
City-St-ZIP			6.4 CI	TY-ST-ZIP		- પ

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.

Dept of Store,

Concern; whom it may

Check was issued to you for \$10500 for my Corp. I received a motor 1214-970 that was never to 2 of your explayed which verifies it was not paid.

Enclosed is a stop payment for Check # 3539 issued 3-20-97 to the Dept of State. My Bank never received the check.

So an issuing you a new check

Dhave to cancel theck #3539.

Thank you for your cooperation

Sincerely. Oula Obejue Singer Odministrative assistant