## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(6)

1. Corporation Name

THE SUB ABOVE, INC.

111L 30	ID ADOVE, INC.							
Principal Place	of Business	Mailing Address			##11202 ##3 1#111 1##1# 110#1 #11	III 6:5: AIE:: 6:5:: 5:6	** *****	åi: 0:0:: :02·
878 N MILITARY TRAIL W PALM BEACH FL 33415 US		878 N MILITARY TRAIL W PALM BEACH FL 33415 US						
		03	10	3. Date Incorporated or Qualified 10/15/1991 3a. Date of Last Report 07/11/1995			<b>,</b>	
Principal Place of Business     The Principal Place of Business		2a. Mailing Address 26			FEI Number Applied For 65-0300914 Not Applicable			ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certi	ficate of Status Desired	Fee Required		
City & State		Crty & State 28		l l	ion Campaign Financing Fund Contribution			May Be to Fees
Zip	Country 25	Zip 29	Country 30	Florie		es 🗌 No		199.032,
	g. Name and Address of Curret			10. Nan	ne and Address of New	Registered Age	ent	
			81 Na	me				
EMBREY, CHRISTOPHER L				eet Address (P.O. Bo	ox Number is Not Accept	table)		
878 N. MILITARY			83					
WEST PA	ALM BEACH FL 33415		63			· · · · · · · · · · · · · · · · · · ·		
			<b>84</b> Cit	-		FL		Code
or moister	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor	ida. Such chaoge was authorizi	ed by the corporati	ed corporation submi on's board of directo	ts this statement for the parts. I hereby accept the a	purpose of chang ppointment as reg	ing its re jistered :	gistered office agent I am
familiar wit	th, and accept the obligations . See	nn 607.0505, Florida Statutes						
SIGNATURE .	Signature, typed or printed name of registered per	Manather Lazari saber (NO	187 U. (2) Ita Bogistared Agost sign	n brey atura required when row state	g;	4/9/56		
12.		ID DIRECTORS	13.	D.C.A.	ITIONS/CHANGES TO C			
TIFLE	P	☐ DELETE	1 1 T: FLE				Change	☐ Addition
NAME	YOUNG, DAVID E		1.2 NAME	1				}
STREET ADDRESS	878 N MILITARY TRAIL		1.3 STREET ADDR	RESS				
CITY-ST-ZIP	WEST PALM BEACH FL 334		1.4 CITY - ST - ZIF					Fi u.e.
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NAME	EMBREY, CHRISTOPHER L		2 2 NAME					
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CITY - ST - ZIP	WEST PALM BEACH FL 334		2 4 CITY - ST - ZIF				Channa	Addition
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64 CITY - ST - ZIP 14. If do hereby certify that the information supplied with this fring 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

5 1 TILLE

5.2 NAME

6 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

THILE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEL ETE

DELETE

(407) 478 3005

Cnange

☐ Addition

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