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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V04317 (6)

1. Corporation Name
RESULTANTS INC.



Principal Place of Business

C/O MOSKOWITZ
4502 MARTINIQUE WAY A-3
COCONUT CREEK FL 33066
US

Mailing Address

C/O LITTAUER
3402 BIMINI LN
COCONUT CREEK FL 33066-2649

3. Date Incorporated or Qualified
01/03/1992

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

21 4502 Moskowitz
22 3005 Portofino Isle
23 Coconut Creek
24 33066
25 U.S.

2a. Mailing Address

26 3005 Portofino Isle
27 Suite, Apt. # 03
28 Coconut Creek FL
29 33066
30 U.S.

4. FEI Number
65-0333013

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

9. Name and Address of Current Registered Agent

MOSKOWITZ, KENNETH
4502 MARTINIQUE WAY
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

81 Name KENNETH Moskowitz
82 Street Address (P.O. Box Number is Not Acceptable)
3005 PORTOFINO ISLE
83
84 City COCONUT CREEK FL 85 Zip Code 33066

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, typed or printed name of registered agent, and the if applicable, the name of the corporation (required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	KENNETH MASKOWITZ	
STREET ADDRESS	4502 MARTINIQUE WAY SUITE A-3	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	VP	DELETE
NAME	MOSKOWITZ, MARK	
STREET ADDRESS	4502 MARTINIQUE WAY	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES	Change	Addition
1.2 NAME	KENNETH MOSKOWITZ		
1.3 STREET ADDRESS	3005 PORTOFINO ISLE		
1.4 CITY-ST-ZIP	COCONUT CREEK FL 33066		
2.1 TITLE	V.P.	Change	Addition
2.2 NAME	MARK MOSKOWITZ		
2.3 STREET ADDRESS	3005 PORTOFINO ISLE		
2.4 CITY-ST-ZIP	COCONUT CREEK FL 33066		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH MOSKOWITZ

1/19/97

979

979 6641

Daytime Phone #

CR2E034 (9/96)