

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT #
1. Corporation Name

V17667

PERSONALITY INC

Principal Place of Business

Mailing Address

8608 NW 44 ST
SUNRISE FL 33351

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

21 PERSONALITY INC

2a. Mailing Address

26 8608 NW 44 ST

4. FFI Number

65-0320011

Applied For

Not Applicable

Suite, Apt. #, etc

22 8608 NW 44 ST

Suite, Apt. #, etc

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 SUNRISE

City & State

28 SUNRISE FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33351

Country

25 FL

Zip

29 33351

Country

30 FL

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABRAHAM ISRAEL
11009 NW 40 ST
SUNRISE FL 33351

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 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 registered agent or director (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

6-24-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE OWNER
NAME ABRAHAM ISRAEL
STREET ADDRESS 11009 NW 40 ST SUNRISE FL
CITY-ST-ZIP 33351

TITLE OWNER
NAME VARDIA ISRAEL
STREET ADDRESS 11009 NW 40 ST SUNRISE FL
CITY-ST-ZIP 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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

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****165.00 ****165.00

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. 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

5/27/97

(954) 746 0330

CR2E034 (9/96)