

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

FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V24093 (9)
1. Corporation Name
E.J. FAUX, INC.



Principal Place of Business

Mailing Address

~~STONE 774~~
~~275 VIA ROSADA~~
~~BOCA RATON FL 33432~~

~~STONE 774~~
~~275 VIA ROSADA~~
~~BOCA RATON FL 33432~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3011 YAMATO ROAD
Suite, Apt. #, etc.
22 A15
City & State
23 BOCA RATON FL
Zip
24 33434
Country
25 USA

2a. Mailing Address
26 3011 YAMATO ROAD
Suite, Apt. #, etc.
27 A15
City & State
28 BOCA RATON FL
Zip
29 33434
Country
30 USA

3. Date Incorporated or Qualified

03/26/1992

4. FEI Number

65-0330647

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

~~HQ CORPORATE SERVICES INC.~~
~~828 EAST PARK AVENUE~~
~~SUITE 200~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name
EVELYN LESSNER
82 Street Address (P.O. Box Number is Not Acceptable)
2001 N OCEAN BLVD
83
84 City
BOCA RATON
FL
85 Zip Code
33431

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 *Evelyn Lessner*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

x 4/20/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	LESSNER, EVELYN	1111 S OCEAN BLVD APT 216	BOCA RATON FL 33432 33431	<input type="checkbox"/>
T	STILLMAN, JOANN	1111 S OCEAN BLVD APT 121	BOCA RATON FL 33432 33433	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		2001 N OCEAN BLVD		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		23272 Mirabella Circle N		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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, upon an attachment with an address.

SIGNATURE: *Evelyn Lessner*

x 4/20/98 x 1561 994-5586

CR2E034 (10/97)