

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V31989** (9)

1. Corporation Name
NONESENSE INC.



Principal Place of Business Mailing Address
C/O ALAGIA, DAY, MARSHALL, MINTMIRE & CHAUVIN
265 SUNRISE AVE., #204
PALM BEACH FL 33480

2. Principal Place of Business 2a. Mailing Address
21 **2 North Breakers Row** 26 **2 North Breakers Row**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Palm Beach, FL** 28 **Palm Beach, FL**
Zip Country Zip Country
24 **33480** 25 **USA** 29 **33480** 30 **USA**

3. Date Incorporated or Qualified **04/28/1992** 3a. Date of Last Report **08/25/1995**
4. FEI Number **65-0330773** 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

PROSPERI, A. PAUL E
265 SUNRISE AVE.
STE. 204
PALM BCH. FL 33480

10. Name and Address of New Registered Agent

81 Name **W. Trent Steele**
82 Street Address (P.O. Box Number is Not Acceptable)
3300 PGA Boulevard
83 **Suite 300**
84 City **Palm Beach Gardens** **FL** 85 Zip Code **33410**

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

W. Trent Steele

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent's signature required when appointing)

2/12/96

DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **P BLOCK, ELLEN H.**
STREET ADDRESS **2 NORTH BREAKERS ROW.**
CITY-ST-ZIP **PALM BEACH, FLORIDA 33480**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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 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.

SIGNATURE:

Ellen H. Block

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/96

DATE

407-659-2470

Daytime Phone #

CR2E034 (12/95)