SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/18/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

94 JUL 14 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V33553 (1)

1. Corporation Name
SANS SOUCI ENTERPRISES, INC.

Mailing Address
510 SOUTH STREET
KEY WEST FL 33040

Principal Place of Business
510 SOUTH STREET
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business
21 1125 Duval ST	26 1125 Duval ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Key West	City & State 28 KEY West Fl
Zip 24 33040 · County 25 Monroe	Zip 29 33 · County 30 Monroe

3. Date Incorporated or Qualified: 05/01/1992
3a. Date of Last Report: 07/26/1993
4. FEI Number: 65-0326808 — Applied For / Not Applicable
5. Certificate of Status Desired: $8.75 Additional Fee Required X
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ]
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

RAPISARDI, SALVATORE
510 SOUTH STREET
KEY WEST FL

10. Name and Address of New Registered Agent

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 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE Salvatore Rapisardi [signature]
Signature, typed or printed name of registered agent and title if applicable / Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS		13. CHANGES OR ADDITIONS	
1 1 TITLE	T/D	1 1 TITLE	
1 2 NAME	RAPISARD SAL	1 2 NAME	
1 3 STREET ADDRESS	~~510 S. ST.~~ 1125 Duval ST	1 3 STREET ADDRESS	
1 4 CITY-ST-ZIP	KEY WEST FL 33040	1 4 CITY-ST-ZIP	
2 1 TITLE	S/D	2 1 TITLE	
2 2 NAME	GORMAN, MARVIN	2 2 NAME	
2 3 STREET ADDRESS	~~510 SOUTH STREET~~ → 1125 Duval ST	2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	KEY WEST FL	2 4 CITY-ST-ZIP	
3 1 TITLE	D/T	3 1 TITLE	
3 2 NAME	RAPISARDI, SALVATORE	3 2 NAME	
3 3 STREET ADDRESS	~~510 SOUTH STREET~~ 1125 Duval ST	3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	KEY WEST FL	3 4 CITY-ST-ZIP	
4 1 TITLE	V.P	4 1 TITLE	
4 2 NAME	Rapisardi, Salvatore	4 2 NAME	
4 3 STREET ADDRESS	1125 Duval ST	4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	Key West Fl 33040	4 4 CITY-ST-ZIP	
5 1 TITLE		5 1 TITLE	
5 2 NAME		5 2 NAME	
5 3 STREET ADDRESS		5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP		5 4 CITY-ST-ZIP	
6 1 TITLE		6 1 TITLE	
6 2 NAME		6 2 NAME	
6 3 STREET ADDRESS		6 3 STREET ADDRESS	
6 4 CITY-ST-ZIP		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, 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or is attached, or on an attachment with an address.

SIGNATURE: Salvatore Rapisardi [signature] 6/23/94 305/2966706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0031488