FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 3-8-96 B-2014-C

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

DOCUMENT # V33553 (1)

1. Corporation Name

SANS SOUCI ENTERPRISES, INC.

Principal Place of Business
1125 DUVAL ST.
KEY WEST FL 33040
US

Mailing Address
1125 DUVAL ST.
KEY WEST FL 33040
US

3. Date Incorporated or Qualified: 05/01/1992

3a. Date of Last Report: 03/02/1995

4. FEI Number: 65-0326808 — ☐ 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

2. Principal Place of Business — 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address — 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

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, 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ____

12. OFFICERS AND DIRECTORS

TITLE	TD	☐ DELETE
NAME	RAPISARD, SAL	
STREET ADDRESS	1125 DUVAL ST.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	SD	☐ DELETE
NAME	GORMAN, MARVIN	
STREET ADDRESS	1125 DUVAL ST.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	DT	☐ DELETE
NAME	RAPISARDI, SALVATORE	
STREET ADDRESS	1125 DUVAL ST.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VP	☐ DELETE
NAME	RAPISARDI, SALVATORE	
STREET ADDRESS	1125 DUVAL ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	P	☐ DELETE
NAME	GORMAN, LONZO	
STREET ADDRESS	1125 DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL	
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	GORMAN, LURA	
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: X ____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/4/96 Date — 305-296-6306 Daytime Phone #

CR2E034 (12/95)