

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **V33990** (5)

1. Corporation Name

**SUCCESS NOW INC.**

Principal Place of Business

**3570 MAGELLAN CIRCLE  
UNIT 221  
MIAMI FL 33180  
US**

Mailing Address

**3570 MEGALLON CIRCLE  
UNIT 221  
MIAMI FL 33180  
US**



2. Principal Place of Business		2a. Mailing Address	
21	<b>3570 MAGELLAN CIRCLE</b>	26	<b>SAME</b>
22	<b>UNIT 221</b>	27	<b>SAME</b>
23	<b>MIAMI - FL</b>	28	<b>SAME</b>
24	<b>33180</b>	29	<b>SAME</b>
25	<b>USA</b>	30	<b>STATE</b>

3. Date Incorporated or Qualified <b>05/06/1992</b>	3a. Date of Last Report <b>04/27/1995</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SANDLER, WILLIAM  
1550 NE 168TH  
#307N  
MIAMI FL 33162**

10. Name and Address of New Registered Agent

81	Name <b>SANDLER WILLIAM</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>3570 MAGELLAN CIRCLE</b>
83	<b>UNIT 221</b>
84	City <b>MIAMI</b>
85	Zip Code <b>FL 33180</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDLER, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>1550 NE 168TH 307N</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33162</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDLER, VIVIANE</b>	2.2 NAME	
STREET ADDRESS	<b>1550 NE 168TH 307N</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33162</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Sandler*

**4/25/96** **305/932**

Date Daytime Phone #

CR2E034 (12/95)