

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 # **V55454** (5)

1. Corporation Name

GARNAIRE, INC.



Principal Place of Business

**801 BRICKELL AVENUE
SUITE 1401
MIAMI FL 33131**

Mailing Address

**801 BRICKELL AVENUE
SUITE 1401
MIAMI FL 33131**

3. Date Incorporated or Qualified

08/05/1992

3a. Date of Last Report

04/04/1995

4. FEI Number

65-0352625

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

2a. Mailing Address

21 **250 East Royal Palm Road**

26 **250 East Royal Palm Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Apt. 3-B**

27 **Apt. 3-B**

City & State

City & State

23 **Boca Raton, Florida**

28 **Boca Raton, Florida**

Zip

Zip

Country

Country

24 **33432**

25 **U.S.A.**

29 **33432**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, JAMES W.
801 BRICKELL AVENUE
SUITE 1401
MIAMI FL 33131**

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 **D** ☐ DELETE
NAME **GARNER, JOHN MICHAEL**
STREET ADDRESS **700 N.E. 90 STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **GARNER, MARTHA JOYCE**
STREET ADDRESS **700 N.E. 90 STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **HIGGINS, JACKIE**
STREET ADDRESS **700 N.E. 90 STREET**
CITY-ST-ZIP **MIAMI FL**

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 **D** ☒ Change ☐ Addition
1.2 NAME **Garner, John Michael**
1.3 STREET ADDRESS **250 East Royal Palm Road, Apt. 3-B**
1.4 CITY-ST-ZIP **Boca Raton, Florida 33432**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Garner, Martha Joyce**
2.3 STREET ADDRESS **250 East Royal Palm Road, Apt. 3-B**
2.4 CITY-ST-ZIP **Boca Raton, Florida 33432**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Higgins, Jackie**
3.3 STREET ADDRESS **250 East Royal Palm Road, Apt. 3-B**
3.4 CITY-ST-ZIP **Boca Raton, Florida 33432**

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:

Jackie Higgins

Jackie Higgins, Director **4/23/96** **(407) 338-5610**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)