

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



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FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

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DO NOT WRITE IN THIS SPACE

1989 JUL 13 AM 10:18
FLORIDA DEPT. OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1989



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

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

ZIP + 4

017109 0
THE CORPORATION COMPANY
8 C.T. CORPORATION SYSTEM
8751 WEST BROWARD BLVD
PLANTATION, FL 33324-2630

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21 _____

P.O. Box No. 22 _____

City and State 23 _____

Zip Code 24 _____

3. Date incorporated or added To do business in Florida: **06/23/1925**

4. Federal Employer Identification Number (FEIN): **51-0099484**

5. Date of Last Report: **07/08/1988**

6. Names and Street Addresses of Each Officer and Director as of December 31, 1988

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
P/D	THORNE, OAKLEIGH	1209 ORANGE STREET	WILMINGTON, DE
T	PINORA, JOSEPH J.	1209 ORANGE STREET	WILMINGTON, DE
V/D	LOTORTO, LOUIS A.	1209 ORANGE STREET	WILMINGTON, DE
S	KLINGNER, ELLEN MILONE, THERESA	1209 ORANGE STREET 1209 ORANGE STREET	WILMINGTON, DE WILMINGTON, DE
A/S	ALLEN, DONALD R.	8751 W BROWARD BLVD	PLANTATION, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION, FL 33324

8. Name and Address of New Registered Agent

Name 81 _____

Street Address 1 (Do NOT Use P.O. Box Number) 82 _____

Street Address 2 (Do NOT Use P.O. Box Number) 83 _____

City and State 84 _____ Zip Code 85 **FL**

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statute, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors.

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.035 FS.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida _____

11. See signature restrictions on the instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 FS. I further Certify That My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath (Officer or Director signing must be listed in Block 6.)

Signature Date **6/27/89**

Typed Name of Signing Officer or Director: **Joseph J. Pinora** Title: **Treasurer** Telephone Number: _____

12. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status