

[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:

Office Use Only



600037809336

**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987**

**CORPORATION  
ANNUAL REPORT  
1987**



FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**APPROVED  
AND  
FILED**  
1987 JUN 30 AM 10:58

Read Notice and Instructions on Other Side Before Making Entries.  
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

FLORIDA DEPT. OF STATE  
CORP. INTL. SERVICES

**1. Name and Address of Corporation Principal Office**

017109  
THE CORPORATION COMPANY  
% C. T. CORPORATION SYSTEM  
8751 WEST BROWARD BLVD  
PLANTATION, FL 33324

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 Qualified To Do Business in Florida**

06/23/1925

**4. Federal Employer Identification Number (FEIN)**

51-0099484

**5. Date of Last Report**

07/07/1986

**6. Names and Street Addresses of Each Officer and Director as of December 31, 1986**

1	2	3	4	5
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
1 THORNE, OAKLEIGH	P/D	1209 ORANGE STREET	WILMINGTON, DE	
2 FINORA, JOSEPH J.	T	1209 ORANGE STREET	WILMINGTON, DE	
3 LOTORTO, LOUIS A.	V/D	1209 ORANGE STREET	WILMINGTON, DE	
4 KLINGENER, ELLEN	S	1209 ORANGE STREET	WILMINGTON, DE	
5 ALLEN, DONALD R.	A/S	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

FL.

Zip Code 85

I, Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, 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 on \_\_\_\_\_

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE \_\_\_\_\_

(Registered Agent Accepting Appointment)

DATE \_\_\_\_\_

**\$3.00 additional fee required for Registered Agent changes.**

**10.**

See signature restrictions under instructions on reverse side of this form

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

Signature

*Joseph J. Finora*

Date

6/29/87

Typed Name of Signing Officer

Joseph J. Finora

Title

Treasurer

Telephone Number

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

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

CRF6034 (1/86)