

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

53 MAY - 1 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 128678 (0)

1. Corporation Name
ZURWELLE-WHITTAKER INC

Principal Place of Business Mailing Address
885 LINCOLN ROAD MIAMI BEACH FL 33139 **885 LINCOLN ROAD MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/20/1934** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-0519990** 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 **420 LINCOLN Rd.** 26 **420 LINCOLN Rd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **601** 27 **601**
City & State City & State
23 **MIAMI Beach FL** 28 **MIAMI Beach, FL**
Zip Country Zip Country
24 **33139** 25 **USA** 29 **33139** 30 **USA**

9. Name and Address of Current Registered Agent
REEVES, JAMES D.
420 605 LINCOLN ROAD
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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, last name or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	REEVES, JAMES
STREET ADDRESS	885-LINCOLN RD.
CITY ST ZIP	MIAMI BEACH FL
TITLE	V
NAME	DOCAL, ABELARDO L
STREET ADDRESS	885 LINCOLN RD.
CITY ST ZIP	MIAMI BEACH FL
TITLE	ST
NAME	REEVES, SHIRLEY M.
STREET ADDRESS	885 LINCOLN RD.
CITY ST ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	REEVES, JAMES
13 STREET ADDRESS	420 LINCOLN Rd.
14 CITY ST ZIP	MIAMI BEACH, FL 33139
21 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DOCA
23 STREET ADDRESS	420 LINCOLN Rd.
24 CITY ST ZIP	MIAMI BEACH, FL 33139
31 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	REEVES, SHIRLEY M.
33 STREET ADDRESS	420 LINCOLN Rd.
34 CITY ST ZIP	MIAMI BEACH FL 33139
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 (changed, or on an attachment) as an address.

SIGNATURE: James D. Reeves **4/26/95** **305-534-4668**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)
JAMES D. REEVES *pres.*