FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **236073** **(3)**

1. Corporation Name
ASSOCIATED RACK CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1245 16TH STREET VERO BEACH FL 32960	1245 16TH STREET VERO BEACH FL 32960

3. Date Incorporated or Qualified: 05/04/1960
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 7150 20TH STREET	26 7150 20TH STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 VERO BEACH, FLORIDA	City & State 28 VERO BEACH, FLORIDA
Zip / Country 24 32966 / 25 INDIAN RIVER	Zip / Country 29 32966 / 30 INDIAN RIVER

4. FEI Number: 59-0911600 ☐ 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

9. Name and Address of Current Registered Agent

FAULMAN, WILLIAM
1245 16TH STREET
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7150 20TH STREET
83
84 City: VERO BEACH, 85 Zip Code: FL 32966

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	FAULMAN,WILLIAM	12 NAME	
STREET ADDRESS	1245 16TH STREET	13 STREET ADDRESS	7150 20TH STREET
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP	VERO BEACH, FLORIDA 32966
TITLE	T	21 TITLE	☒ Change ☐ Addition
NAME	FAULMAN, MICHAEL	22 NAME	
STREET ADDRESS	1245 16TH STREET	23 STREET ADDRESS	7150 20TH STREET
CITY-ST-ZIP	VERO BEACH FL	24 CITY-ST-ZIP	VERO BEACH, FLORIDA 32966
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	FAULMAN,VIRGINIA	32 NAME	
STREET ADDRESS	1245 16TH STREET	33 STREET ADDRESS	7150 20TH STREET
CITY-ST-ZIP	VERO BEACH FL	34 CITY-ST-ZIP	VERO BEACH, FLORIDA 32966
TITLE	S	41 TITLE	☒ Change ☐ Addition
NAME	FAULMAN, PHYLLIS	42 NAME	
STREET ADDRESS	1245 16TH ST.	43 STREET ADDRESS	7150 20TH STREET
CITY-ST-ZIP	VERO BEACH FL	44 CITY-ST-ZIP	VERO BEACH, FLORIDA 32966
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 if changed or added on an attachment with an address.

SIGNATURE: W. L. Faulman Pres 2/10/95 407-567-4771
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone Number
W. L. FAULMAN

0071842 CP