

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 493287

(7)

1. Corporation Name

FRANK H. POE, INC.

95 JAN 17 PM 1:29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/31/1975** 3a. Date of Last Report **01/24/1994**

4. FEI Number **59-1662319** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 24. Country 28. Zip 29. Country
25. Country 30. Country

9. Name and Address of Current Registered Agent
**POE, FRANK H.
9600 SUTH DIXIE HIGHWAY
MIAMI FL**

10. Name and Address of New Registered Agent
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 of Registered Agent or Secretary of State) (Signature of Registered Agent or Secretary of State)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PD POE, FRANK H.	13.1 TITLE	☐ Change ☐ Addition
12.2 STREET ADDRESS	211 RIDGEWOOD RD.	13.2 NAME	
12.3 CITY, ST, ZIP	CORAL GABLES FL	13.3 STREET ADDRESS	
12.4 CITY, ST, ZIP		13.4 CITY, ST, ZIP	
12.5 NAME	DST	13.5 TITLE	☐ Change ☐ Addition
12.6 NAME	POE, WENDY	13.6 NAME	
12.7 STREET ADDRESS	2901 SO BAYSHORE DR #12A	13.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	MIAMI FL	13.8 CITY, ST, ZIP	
12.9 NAME		13.9 TITLE	☐ Change ☐ Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.13 NAME		13.13 TITLE	☐ Change ☐ Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY, ST, ZIP		13.16 CITY, ST, ZIP	
12.17 NAME		13.17 TITLE	☐ Change ☐ Addition
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY, ST, ZIP		13.20 CITY, ST, ZIP	

14. I 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 make 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: *Frank H. Poe* Frank H. Poe 1/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
375/667-6413