

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 554843

(3)

1. Corporation Name

SECOND GENERATION INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 3:22

Principal Place of Business

42005 N.E. 7TH AVE.
NORTH MIAMI FL 33161

Mailing Address

12995 N.E. 7TH AVE.
NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/03/1977

3a. Date of Last Report

02/01/1994

4. FEI Number

59-1787261

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

21 11098 BISCAYNE BOULEVARD

Suite, Apt. #, etc.

22 SUITE 302

City & State

23 MIAMI, FL

Zip

24 33161

Country

25 USA

2a. Mailing Address

26 P.O. Box 41-1207

Suite, Apt. #, etc.

27

City & State

28 N. MIAMI, FL

Zip

29 33261-1207

Country

30 USA

9. Name and Address of Current Registered Agent

GEARTNER, CLARK

12995 N.E. 7TH AVENUE

NORTH MIAMI FL 33261

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11098 BISCAYNE BOULEVARD

83

SUITE 302

84 City

MIAMI

FL

85 Zip Code

33161

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, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME GEARTNER, CLARK
STREET ADDRESS 12995 NE 7TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL

TITLE V
NAME KAPLAN, STUART
STREET ADDRESS 12995 NE 7TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included in 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 and change is on or attachment with an address.

SIGNATURE:

CLARK GEARTNER

2/2/95

(605) 891-6833

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Official Number