

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 AM 8:55

DOCUMENT # **832588**

(8)

1. Corporation Name

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

123 S. DOMINO DR.  
RUSKIN FL 33570-6060

Mailing Address

123 S. DOMINO DR.  
RUSKIN FL 33570-6060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. # etc.

22 City & State

23 Zip

24 County

26. Mailing Address

26 Suite, Apt. # etc

27 City & State

28 Zip

29 County

30

3. Date Incorporated or Qualified  
**06/25/1974**

3a. Date of Last Report  
**08/02/1994**

4. FEI Number  
**59-1556025**

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**

7. This corporation has liability insurance in the amount of **\$100,000**  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

81 Name

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

83

84 City

**FL** 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 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, registered agent and title if applicable) (Date) (Signature, typed or printed name and title of witness) (Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101	D <b>LOKER, ROYDON H.</b> 135 PARK AVENUE CAMBRIDGE, ONTARIO	11 NAME 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
102	V <b>LOKER, HAROLD S.</b> 123 S. DOMINO DR. RUSKIN FL	21 NAME 22 STREET ADDRESS 24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
103	S <b>LOKER, HAZEL</b> 123 S. DOMINO DR. RUSKIN FL	31 NAME 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
104		41 NAME 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
105		51 NAME 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
106		61 NAME 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), 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 this corporation or the recorder 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 on an attachment with an addendum.

**SIGNATURE: Harold S. Loker HAROLD S. LOKER Apr 27/95**

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 645-9812

Date Rec'd

0208514

CP