

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:33

DOCUMENT # **G58266** (9)
1. Corporation Name:
2065, INC.

Principal Place of Business Mailing Address
**401&420 SE 12CT
FT. LAUDERDALE FL 33311
US** **%JAMES L. KIDWELL
2065 RIVERLAND RD.
FORT LAUDERDALE FL 3312-407
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/06/1983** 3a. Date of Last Report **10/05/1994**

2. Principal Place of Business 2a. Mailing Address
21 **401/420 SE 12CT.** 26 **401/420 SE 12CT.**

4. FEI Number **59-2320183** Applied For
Not Applicable

22. State, Apt. #, etc. **FLA** 27. State, Apt. #, etc. **FLA**

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

23. City & State **Fort Lauderdale, FLA** 28. City & State **Fort Lauderdale FL.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip **33316** 25. Country **Broward** 29. Zip **33316** 30. Country **Broward**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIDWELL, JAMES L.
2065 RIVERLAND RD.
FT. LAUDERDALE FL 33312**

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 the current registered agent and the filer (if filer)

Signature of the new registered agent (if new)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	KIDWELL, JAMES L
STREET ADDRESS	2065 RIVERLAND RD
CITY, ST, ZIP	FT LAUDERDALE, FL 00000
TITLE	DVS
NAME	KIDWELL, JACQUELINE H
STREET ADDRESS	2065 RIVERLAND RD
CITY, ST, ZIP	FT LAUDERDALE, FL 00000
TITLE	T
NAME	KIDWELL, JACQUELINE H
STREET ADDRESS	2065 RIVERLAND RD
CITY, ST, ZIP	FT LAUDERDALE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
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 am hereby certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.04(1)(b), Florida Statutes. I further certify that the information included on this annual report or biennial 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, director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 1007, Florida Statutes, and that my name appears on Block 1, or Block 1a if managed, or on an attachment with an address.

SIGNATURE: *Jacqueline H. Kidwell DVS.* 1-10-95 305-5243312
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR
JACQUELINE H. KIDWELL DVS.