

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 AUG -7 AM 10: 52

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # J76670

(5)

1. Corporation Name

FIRST AMERICAN CENTRE, INC.

Principal Place of Business

Mailing Address

**% ARIF H. PARUPIA
2014 SE ELMHURST RD
PORT ST LUCIE FL 34952**

**% ARIF H. PARUPIA
2014 SE ELMHURST RD
PORT ST LUCIE FL 34952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1987

3a. Date of Last Report

07/01/1994

4. FEI Number

52-1520128

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**

9. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21.

26.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22.

27.

City & State

City & State

23.

28.

Zip

Country

Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARUPIA, ARIF
2014 SE ELMHURST RD
PORT ST LUCIE FL 34952**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PTD
PARUPIA, ARIF
2014 SE ELMHURST RD
PORT ST LUCIE FL**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VSD
PARUPIA, CYNTHIA
2014 SE ELMHURST RD
PORT ST LUCIE FL**

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY - ST - ZIP

☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-95

407-335-3022