

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

2-1-95 B-1682-NC

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAR -1 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K49205 (3)**

1. Corporation Name  
**1925 N. FLAGLER CORP.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **C/O GEORGE C. MATTHEWS  
1925 N FLAGLER DR  
W PALM BCH FL 33407  
US**

Mailing Address: **C/O GEORGE C. MATTHEWS  
1925 N FLAGLER DR  
W PALM BCH FL 33407  
US**

3. Date Incorporated or Qualified: **11/30/1988**

3a. Date of Last Report: **03/29/1994**

4. FEI Number: **65-0085446**

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 for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Suite, Apt. #, etc.

26. City & State

27. Zip

28. Country

29. Suite, Apt. #, etc.

30. City & State

31. Zip

32. Country

9. Name and Address of Current Registered Agent

**MATTHEWS, GEORGE C  
1925 N FLAGLER DR  
W PALM BCH FL 33407**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **D**

NAME: **MATTHEWS, GEORGE G.**

STREET ADDRESS: **1925 N. FLAGLER DR.**

CITY-ST-ZIP: **W. PALM BEACH FL**

TITLE: **D**

NAME: **KREUSLER, JANE C.**

STREET ADDRESS: **1925 N. FLAGLER DR.**

CITY-ST-ZIP: **W. PALM BEACH FL**

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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 on an attachment with an address.

SIGNATURE: *George C. Kreusler*

2/24/95

407-659-3711