

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Judith B. Moynihan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L17361

(1)

1. Corporation Name

J C STRIPPING AND CAMERA INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1989

3a. Date of Last Report

06/22/1994

4. FEI Number

65-0146498

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

2a. Mailing Address

26

Suite, Apt. # etc.

22

Suite, Apt. # etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANN, JACK F.
7900 NW 173RD ST
HIALEAH FL 33015

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 607.05(2) and 607.15(4), 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 607.05(3), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Officer)

(Signature of Registered Agent or Registered Agent's Officer)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME
NAME
STREET ADDRESS
CITY
NAME
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STREET ADDRESS
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STREET ADDRESS
CITY

PD
CANN, JACK F.
7900 NW 173RD ST
HIALEAH FL

1. NAME
1. NAME
1. STREET ADDRESS
1. CITY
2. NAME
2. NAME
2. STREET ADDRESS
2. CITY
3. NAME
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6. CITY

☐ Change ☐ Addition
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the accounting stated in Section 199.03(1)(9), Florida Statutes. I further certify that the information submitted 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 of this filing, or on an affidavit with this filing.

SIGNATURE:

(Signature of Registered Agent or Registered Agent's Officer)

Jack F. Cann

(305) 821-6826

(Signature of Treasurer)