

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 FEB 24 PM 4:05

DOCUMENT # P32365

(9)

1. Corporation Name

ADAM O. HOLZHAUER, INC.

Principal Place of Business

1225 US HWY ONE SUITE 235
JUNO BEACH FL 33408

Mailing Address

1225 US HWY ONE SUITE 235
JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1990

3a. Date of Last Report

01/28/1994

4. FEI Number

58-1794369

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Outright, Exchange,
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 194.0132,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 3229 W. CHANNEL Ck.

2a. Mailing Address

26 3229 W. CHANNEL Ck.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JUPITER, FL

City & State

28 JUPITER, FL

Zip

24 33477

Country

25 Palm Beach

Zip

29 33477

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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(12) 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 607.05(1) Florida Statutes.

SIGNATURE

Signature of person named in paragraph 11, if registered agent, or of an authorized officer or director, if not registered agent.

12. OFFICERS AND DIRECTORS

1111 NAME
1112 NAME
1113 STREET ADDRESS
1114 CITY, ST, ZIP
PTD
HOLZHAUER, ADAM O.
1225 US HWY ONE #235
JUNO BEACH FL

1111 NAME

1112 NAME

1113 STREET ADDRESS

1114 CITY, ST, ZIP

1111 NAME

1112 NAME

1113 STREET ADDRESS

1114 CITY, ST, ZIP

1111 NAME

1112 NAME

1113 STREET ADDRESS

1114 CITY, ST, ZIP

1111 NAME

1112 NAME

1113 STREET ADDRESS

1114 CITY, ST, ZIP

1111 NAME

1112 NAME

1113 STREET ADDRESS

1114 CITY, ST, ZIP

1111 NAME

1112 NAME

1113 STREET ADDRESS

1114 CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1311 NAME ☒ Change ☐ Addition

1312 NAME

1313 STREET ADDRESS

1314 CITY, ST, ZIP

3229 W. CHANNEL Ck.
JUPITER, FL 33477

1311 NAME

1312 NAME

1313 STREET ADDRESS

1314 CITY, ST, ZIP

1311 NAME

1312 NAME

1313 STREET ADDRESS

1314 CITY, ST, ZIP

1311 NAME

1312 NAME

1313 STREET ADDRESS

1314 CITY, ST, ZIP

1311 NAME

1312 NAME

1313 STREET ADDRESS

1314 CITY, ST, ZIP

1311 NAME

1312 NAME

1313 STREET ADDRESS

1314 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 194.0132, Florida Statutes. I further certify that the information indicated on this form is correct or supplemental annual report is true and correct and that my signature shall be a true and correct signature of the person named in paragraph 11, if registered agent, or of an authorized officer or director, if not registered agent. I am familiar with, and accept the obligations of Section 607.05(1) Florida Statutes, and that my name appears on Block 12 or Block 13 of the form, or on an attachment with an address.

SIGNATURE:

SIGNATURE, PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adam Holzhauser, President 228-95 (40) 744-2577