

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janet B. Murrain
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

DOCUMENT # **P93000028627 (6)**

1. Corporation Name
CROXLEY, INC.

MAY 1 1995 3:39
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Office (Mailing Address) Mailing Address
799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131 **799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

2. Principal Name of Business 28. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. City & State 28. City & State
24. State 25. State 29. State 30. State

3. Date Incorporated or Chartered **04/19/1993** 3a. Date of Last Report **10/28/1994**
4. FEI Number **APPLIED FOR 65-0458797** 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**
7. This Corporation has liability for insurance for the number of officers of Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WEISENFELD, JOSEPH J ESQUIRE
WEISENFELD & ASSOCIATES, P.A.
799 BRICKELL PLAZA STE. 900
MIAMI FL 33131**

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(2) 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 understand the obligation of Section 607.05(2), Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent or Registered Agent) _____ (Signature of Registered Agent or Registered Agent)

12. OFFICERS AND DIRECTORS

101. NAME	P ZABLUDOVSKY, ABRAHAM
102. STREET ADDRESS	799 BRICKELL PLAZA #900
103. CITY, ST. ZIP	MIAMI FL 33131
104. NAME	S ZABLUDOVSKY, PERLA
105. STREET ADDRESS	799 BRICKELL PLAZA #900
106. CITY, ST. ZIP	MIAMI FL 33131
107. NAME	
108. STREET ADDRESS	
109. CITY, ST. ZIP	
110. NAME	
111. STREET ADDRESS	
112. CITY, ST. ZIP	
113. NAME	
114. STREET ADDRESS	
115. CITY, ST. ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (S. 1)

11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS	
13. CITY, ST. ZIP	
14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. STREET ADDRESS	
16. CITY, ST. ZIP	
17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS	
19. CITY, ST. ZIP	
20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. STREET ADDRESS	
22. CITY, ST. ZIP	
23. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. STREET ADDRESS	
25. CITY, ST. ZIP	
26. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. STREET ADDRESS	
28. CITY, ST. ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the description stated in Section 119.02, 606, 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, 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 14 if changed, or in Block 13 if added, with an address.

SIGNATURE: **ZABLUDOVSKY, ABRAHAM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 305-374-5656
DATE TIME