

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janet B. Whitman
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

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. 28.

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 607.02(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 607.02(2), Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent or Registered Agent's Secretary)

12. OFFICERS AND DIRECTORS

101	P	ZABLUDOVSKY, ABRAHAM 799 BRICKELL PLAZA #900 MIAMI FL 33131
102	S	ZABLUDOVSKY, PERLA 799 BRICKELL PLAZA #900 MIAMI FL 33131
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (S. 1)

111	<input type="checkbox"/> Change <input type="checkbox"/> Addition
112	<input type="checkbox"/> Change <input type="checkbox"/> Addition
113	<input type="checkbox"/> Change <input type="checkbox"/> Addition
114	<input type="checkbox"/> Change <input type="checkbox"/> Addition
115	<input type="checkbox"/> Change <input type="checkbox"/> Addition
116	<input type="checkbox"/> Change <input type="checkbox"/> Addition
117	<input type="checkbox"/> Change <input type="checkbox"/> Addition
118	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply with 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 13 of this document with an address.

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

4/27/95 305-374-5656