

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M49973 (4)

1. Corporation Name
4006 CORPORATION

Principal Place of Business

**780 N ST RD 7
PLANTATION FL 33317**

Mailing Address

**780 N ST RD 7
PLANTATION FL 33317**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1987

3a. Date of Last Report

04/14/1994

4. Fil Number

65-0018103

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. The corporation has not adopted an alternative tax under S. 119 (1)(2)
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

24

County

25

City

29

County

30

9. Name and Address of Current Registered Agent

**SIEGEL, ANDREW L.
8751 WEST BROWARD BLVD.
SUITE 108
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 607.0502 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

(Print Name of Registered Agent and the Corporation)

(Print Registered Agent's name and address)

20

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

**D
COREN, LEONARD I.
780 N. STATE RD. 7
PLANTATION FL**

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, STATE, ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, STATE, ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, STATE, ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, STATE, ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, STATE, ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, STATE, ZIP

☐ Change ☐ Addition

14. I, Leon Coren, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 117, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

(Signature of L. Coren)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

Register 15-0000-2