

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M56672** (2)

1. Corporation Name
1406 CORPORATION

Principal Place of Business 780 N STATE RD 7 PLANTATION FL 33317	Mailing Address 780 N STATE RD 7 PLANTATION FL 33317
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95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Previous Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
22. City & State	2c. City & State
23. Zip	2d. Country
24. Country	25. Zip
26. Country	27. Zip

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1987	3a. Date of Last Report 04/14/1994
4. FEI Number 65-0018136	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 enterprise tax under S. 199 (1972 Florida Statutes) ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**COREN, LEONARD
780 N. STATE ROAD 7
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

11. Pursuant to the provisions of Sections 607 (1502) 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607 (1505), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

1. NAME	P COREN, LEONARD
2. STREET ADDRESS	780 N. STATE RD. 7
3. CITY, ST. ZIP	PLANTATION FL
4. NAME	
5. STREET ADDRESS	
6. CITY, ST. ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, ST. ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST. ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, ST. ZIP	
16. NAME	
17. STREET ADDRESS	
18. CITY, ST. ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, ST. ZIP	
4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	
6. CITY, ST. ZIP	
7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	
9. CITY, ST. ZIP	
10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	
12. CITY, ST. ZIP	
13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	
15. CITY, ST. ZIP	
16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS	
18. CITY, ST. ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (17)(4)(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 this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95