

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

DOCUMENT # P92000005107 (7)

1. Corporation Name:

AMERICAN FINANCIAL DIRECTORIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

**23257 U.S. HIGHWAY 441
BOCA RATON FL 33428**

Mailing Address:

**23257 U.S. HIGHWAY 441
BOCA RATON FL 33428**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/12/1992

3a. Date of Last Report
04/05/1994

4. FEI Number
65-0374518

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. This corporation has liability for intangible tax under § 190.092,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business:

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address:

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BRODIE, DAVID E
150 S. PINE ISLAND RD.
SUITE 400
FT. LAUDERDALE FL 33324**

10. Name and Address of New Registered Agent

81 Name

KAREN LEOPOLD

82 Street Address (P.O. Box Number is Not Acceptable)

40 LEOPOLD & LEOPOLD

83

20801 BISCAYNE BLVD, SUITE 501

84

MIAMI

FL

85

**Zip Code
33180**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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

Karen Leopold **Karen Leopold**

1/17/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**#D
PADVEEN, STEWART
23257 U.S. HIGHWAY 441
BOCA RATON FL** **← RESIGNED**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

**PRESIDENT
JAMES R. SILVER
23257 U.S. HIGHWAY 441
BOCA RATON, FL 33428**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

**SECRETARY
JAMES SILVER
23257 U.S. HIGHWAY 441
BOCA RATON, FL 33428**

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

**VICE PRESIDENT
ROBERT LECHTEL
20801 BISCAYNE BLVD, SUITE 302
MIAMI, FL 33180**

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

**TREASURER
ROBERT LECHTEL
20801 BISCAYNE BLVD, SUITE 302
MIAMI, FL 33180**

☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE:

James Silver **JAMES SILVER**

1/17/95

(407) 477-8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR