

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY 11 9:47  
CORPORATION STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **H80313** (0)  
1. Corporation Name  
**TWENTY-SEVEN BIRDS CORPORATION**

Principal Place of Business: **2841 CYPRESS CREEK RD. FT. LAUDERDALE FL 33309**  
Mailing Address: **2841 CYPRESS CREEK RD. FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **10/10/1985**  
3a. Date of Last Report: **04/15/1994**

2. Principal Name of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2616034	Not Applicable
22. State, Apt. #, etc.	27. State, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
24. Zip	25. County	29. Zip	30. County
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent  
**FLANIGAN, JAMES G.  
2721 BIRD AVENUE  
MIAMI FL 33133**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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 accept the obligations of Section 607.05(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT
NAME	FLANIGAN, MICHAEL B.
STREET ADDRESS	2721 BIRD AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	DVP
NAME	FLANIGAN, JAMES G.
STREET ADDRESS	2721 BIRD AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	S
NAME	FLANIGAN, JAMES G.
STREET ADDRESS	2721 BIRD AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	FLANIGAN, JOSEPH G.
STREET ADDRESS	2721 BIRD AVE.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.05(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 liquidator 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 filing or on the instrument with an address.

SIGNATURE: *Joseph G. Flanigan*  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR  
**JOSEPH G. FLANIGAN**

4.27.95 (305) 974.9003  
Date