

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 10 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000005379 (1)**

1. Corporation Name
BUNWIN, INC.

Principal Place of Business
**7653 NW 79TH AVE. #214
TAMARAC FL 33321**

Mailing Address
**PO BOX 30211
PALM BEACH GARDENS FL 33420
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/15/1993** 3a. Date of Last Report **03/17/1994**

4. FEI Number **65-0383064** 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 S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **1813 Imperial Palm Dr.** 2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23 **Apopka, FL** 27 City & State

24 Zip **32712** 25 Country **US** 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BARON, IRWIN
7653 NW 79TH AVE. #214
TAMARAC FL 33321~~

81 Name **S. A. TARR**
82 Street Address (P.O. Box Number is Not Acceptable)
4521 PGA Blvd.,
83 **Suite 201**
84 City **Palm Beach Gardens, FL** 85 Zip Code **33418**

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, 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 **S.A. TARR - President** DATE **4/3/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **BARON, IRWIN**
STREET ADDRESS **7653 NW 79TH AVE., #214**
CITY - ST - ZIP **TAMARAC FL 33321**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **P.O. BOX 30211**
1.4 CITY - ST - ZIP **PALM BEACH GARDENS, FL 33420**

TITLE **PD**
NAME **TARR, S. A.**
STREET ADDRESS **7653 NW 79TH AVE., #214**
CITY - ST - ZIP **TAMARAC FL 33321**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **P.O. BOX 30211**
2.4 CITY - ST - ZIP **PALM BEACH GARDENS, FL 33420**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 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, or in an attachment with an addenda.

SIGNATURE: **S.A. TARR** DATE **4/3/95** **407-622-3386**