

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 22 AM 8:44

DOCUMENT # V64484 (1)

1. Corporation Name
1110 PARTNERS, INC.

Principal Place of Business Mailing Address
**5390 HARBORAGE DR.
FT. MYERS FL 33908**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/17/1992	3a. Date of Last Report 06/14/1994
4. FEI Number 65-0356718	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 liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 5600 Harborage Dr. Suite, Apt. #, etc. 22 City & State 23 Ft. Myers FL Zip 24 33908	2a. Mailing Address 26 5600 Harborage Dr. Suite, Apt. #, etc. 27 City & State 28 Ft. Myers FL Zip 29 33908
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9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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 FL

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

Signature: typed or printed name of registered agent and title of corporation

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	BYAL, TIMOTHY P.	1.2 NAME	
STREET ADDRESS	5390 HARBORAGE DR.	1.3 STREET ADDRESS	5600 Harborage Dr.
CITY - ST - ZIP	FT. MYERS FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	BYAL, CHRISTOPHER F.	2.2 NAME	
STREET ADDRESS	5390 HARBORAGE DR.	2.3 STREET ADDRESS	5600 Harborage Dr.
CITY - ST - ZIP	FT. MYERS FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	WENGER, LINDA	3.2 NAME	
STREET ADDRESS	5390 HARBORAGE DR.	3.3 STREET ADDRESS	5600 Harborage Dr.
CITY - ST - ZIP	FT. MYERS FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95 (83) 267-6808