FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000092929**1. Corporation Name

1995-X, INC.

Principal Place of Business 8464 N.W. 2ND STREET CORAL SPRINGS FL 33071

Mailing Address

COLEMAN C. SWEET , atty, at haw 6113 PLANTATION RD. PLANTATION FL 33317

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90165 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/02/1995

2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Ar	oplied For
21	••	26		65-0552054	. No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	•	Additional
22		27		G. Contribute of States Boards	Fee Re	equired
City & State	е	City & State		6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intar		—
24 25 29 30)	1 Grocifal 1 Topolity Taxi	Yes	No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
-221 FT. I	et, coleman c s. andrews avenue - auderdale fl 33301 -		81 Name 82 Street Add 83 / / / / 84 City 7 / / / / / / / / / / / / / / / / / /	West Coleman C. diess (P.O. BoxNumber is Not Acceptable) Farrington, Suite 110 95 E Oakland PK. J. rt Lauderdale, FL	3/vd.	code 1206
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 egistered 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 if applicable. (NOTE: Registered Agent signature required when reinstating)						g
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND		ORS IN 12 Addition
TITLE	PDST	☐ DELETE	1.1 TITLE		Change	- Notingin
NAME	BLAND, JOSEPH G		1.2 NAME			2
STREET ADDRESS	8464 NW 2ND ST.		1.3 STREET ADDRESS			<u>j</u>
CITY-ST-ZIP	CORAL SPRING FL		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ OELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			}
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			1
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME		=	
			6.3 STREET ADDRESS			
STREET ADDRESS			6.4 CITY-ST-ZIP			{
CiTY-ST-ZIP	certify that the information supplied with	this filing does not qualify for th		Section 119.07(3)(i), Florida Statutes. I further certif	y 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 on an attachment withan address, with I other like empowered.

SIGNATURE: