
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600037809336

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

**CORPORATION
ANNUAL REPORT
1987**



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
**APPROVED
AND
FILED**

1987 JUN 30 AM 17 58

FLORIDA DEPT OF STATE
CORP. INTL. SERVICES

Read Notice and Instructions on Other Side Before Making Entries.
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

017109
THE CORPORATION COMPANY
% C. T. CORPORATION SYSTEM
8751 WEST BROWARD BLVD
PLANTATION, FL 33324

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida **06/23/1925**

4. Federal Employer Identification Number (FEIN) **51-0099484**

5. Date of Last Report **07/07/1986**

6. Names and Street Addresses of Each Officer and Director as of December 31, 1986

1	Names of Officers and Directors	2	Title	3	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4	City and State	5
1x	THORNE, OAKLEIGH		P/D		1209 ORANGE STREET		WILMINGTON, DE	
2x	FINORA, JOSEPH J.		T		1209 ORANGE STREET		WILMINGTON, DE	
3x	LOTORTO, LOUIS A.		V/D		1209 ORANGE STREET		WILMINGTON, DE	
4x	KLINGENER, ELLEN		S		1209 ORANGE STREET		WILMINGTON, DE	
5x	ALLEN, DONALD R.		A/S		8751 W BROWARD BLVD		PLANTATION, FL	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION, FL 33324

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____

(Registered Agent Accepting Appointment)

DATE _____

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. (Officer signing must be listed in Block 6).

Signature

Joseph J. Finora
Joseph J. Finora

Title

Treasurer

Date

6/29/87

Telephone Number

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

\$5 Additional Fee required for a Certificate of Status

CRFCSA (1/86)