

(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



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DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT
1986



STATE OF FLORIDA
DEPARTMENT OF REVENUE
CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1 Name of Corporation

017109
THE CORPORATION COMPANY
2 CORPORATION SYSTEM
8751 WEST BROWARD BLVD
PLANTATION, FL 33324

2 Office Name and Address
Office Name and Address

Street Address

Post Office Box

City and State

Zip Code

3 Date of Report 05/18/1985

51-0099484

05/12/1985

4 Name and Address of Registered Agent

Name and Address of Registered Agent

1 GRIGSBY, JAMES D.

--V--

1209 ORANGE STREET

WILMINGTON, DE

2 THORNE, OAKLEIGH

P/D

1209 ORANGE STREET

WILMINGTON, DE

3 FINORA, JOSEPH J.

T

1209 ORANGE STREET

WILMINGTON, DE

4 LOTORTO, LOUIS A.

V/D

1209 ORANGE STREET

WILMINGTON, DE

5 KLINGENER, ELLEN

S

1209 ORANGE STREET

WILMINGTON, DE

6 ALLEN, DONALD R.

A/S

8751 W BROWARD BLVD

PLANTATION, FL

REGISTERED AGENT INFORMATION

Name and Address of Registered Agent

Name and Address of Registered Agent

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

Street Address (Do Not Use P.O. Box for Residence)

City and State

FL

Zip Code

9 Pursuant to the provisions of Chapter 689, Florida Statutes, I, the undersigned named corporation, hereby certify that this statement for the purpose of the provisions of Chapter 689, Florida Statutes, is true and correct to the best of my knowledge and belief, and I further certify that I am duly qualified to execute this report as required by law. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and I accept the obligations of Section 607.125, F.S.

SIGNATURE

Signature of Agent Accepting Appointment

DATE

\$3.00 additional fee required for Registered Agent changes.

10

I Certify That I Am An Officer or Director of the Corporation and I am Empowered to Execute This Report as Required by Law. I Further Certify That I Understand My Responsibilities in This Report and I Give the Same Legal Effects As if Made Under Oath. (Other's signing must be noted with name)

Signature

Joseph J. Finora

Date

6/26/86

Typed Name of Signing Officer

Joseph J. Finora

Treasurer

11 Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED



\$5 Additional Fee
required for a
Certificate of Status