

\_\_\_\_\_  
(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



300037809363

**FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST**

DO NOT WRITE IN THIS SPACE  
 IMPROVED  
 633 JUN 29 11 8 51

CORPORATION

ANNUAL REPORT  
 1990



FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries  
**Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State**

1. Name and Address of Corporation Principal Office:

017109 0

ZIP + 4 PRESORT

THE CORPORATION COMPANY  
 & C.T. CORPORATION SYSTEM  
 8751 WEST BROWARD BLVD  
 PLANTATION, FL 33324-2630

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

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment

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. FEI Number

51-0099484

☐ FEI Number Applied For  
☒ FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1	Title	2	Names of Officers and Directors	3	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4	City and State	5
1	P/D		THORNE, OAKLEIGH		1209 ORANGE STREET		WILMINGTON, DE	
1x								
2	T		FINORA, JOSEPH J.		1209 ORANGE STREET		WILMINGTON, DE	
2x								
3	V/D		<del>LOTOFTO, LOUIS A.</del>		<del>1209 ORANGE STREET</del>		<del>WILMINGTON, DE</del>	
3x	V/D		KELLY, JOHN D.		1209 ORANGE STREET		WILMINGTON, DE	
4	S		MILONE, THERESA		1209 ORANGE STREET		WILMINGTON, DE	
4x								
5	A/S		ALLEN, DONALD R.		8751 W BROWARD BLVD,		PLANTATION, FL	
5x								
6	V/D		GRITMON, HERBERT R.		1209 ORANGE STREET		WILMINGTON, DE	
6x								

**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 I accept the obligations of, Section 607.325 F.S.

SIGNATURE \_\_\_\_\_

(Registered Agent Accepting Appointment)

DATE \_\_\_\_\_

10. I 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 effects as if made under oath. I further certify 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, F.S.

Signature

Typed Name of Signing Officer or Director

Joseph J. Finora

Title

Treasurer

Date

6/21/90

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