

FILE NGW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **234584**

(1)

95 MAY -1 AM 5:06

SECURITY TRANSFER CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 2601 BISCAYNE BLVD. P.O. DRAWER 370308 MIAMI FL 33137		2a. Mailing Address 2601 BISCAYNE BLVD. P.O. DRAWER 370308 MIAMI FL 33137		3. Date Incorporated or Qualified 03/21/1960	3a. Date of Last Report 06/20/1994
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1315932	Applied For Not Applicable		
State Apt. # etc. 22	State Apt. # etc. 27	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required		
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees		
Zip 24	Zip 25	7. This corporation has liability for information provided in this report Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent MILLER, IRVING E. 2601 BISCAYNE BLVD. MIAMI FL 33137		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 of Registered Agent or Agent-in-Charge)

(Signature of Registered Agent or Agent-in-Charge)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP MILLER, ROGER 2601 BISCAYNE BLVD. MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	ST CAIRNS, TERRANCE V 2601 BISCAYNE BLVD. MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 133.07(1)(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 if changed, or on an attachment with an address.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

Date

(Typed Name)