FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **260567** **(3)**

1. Corporation Name

NED'S INCORPORATED

Principal Place of Business

7328 RED ROAD
SOUTH MIAMI FL 33143

Mailing Address

7328 RED ROAD
SOUTH MIAMI FL 33143

3. Date Incorporated or Qualified: **05/04/1963**

3a. Date of Last Report: **03/31/1995**

4. FEI Number: **59-1011005** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. Is this corporation now subject for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

9. Name and Address of Current Registered Agent

FLEISHMAN,NED
1532 TRILLO AV
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 or 617.1502, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name of the registered agent are typed or printed below. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FLEISHMAN,NED	
STREET ADDRESS	1532 TRILLO AV	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	☐ DELETE
NAME	FLEISHMAN,FAYE	
STREET ADDRESS	1532 TRILLO	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	☐ DELETE
NAME	PYNN, CHARLES W.	
STREET ADDRESS	6271 SW 43 ST	
CITY-ST-ZIP	SO MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change	☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE	☐ Change	☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE	☐ Change	☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE	☐ Change	☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true. For profit corporations, I further certify that the information indicated on this report or supplemental 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 with an indication that I am a director or officer with an address.

SIGNATURE: X Ned Fleishman NED FLEISHMAN X 4-9-96 X 66/3538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR