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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **286125** (0)
1. Corporation Name
2520 CORPORATION

Principal Place of Business Mailing Address
**2520 S. FEDERAL HWY.
BOYNTON BCH. FL 33435-7735**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/16/1964** 3a. Date of Last Report **03/01/1994**
4. FEI Number **59-2394054** 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**LUCEWICH, HELEN
2520 S. FEDERAL HWY.
BOYNTON BCH. FL 33435**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	WALL, ANN
STREET ADDRESS	2520 S. FEDERAL HWY
CITY - ST - ZIP	BOYNTON BCH FL
TITLE	V
NAME	PERCELL, BRENDA
STREET ADDRESS	2520 S. FEDERAL HWY
CITY - ST - ZIP	BOYNTON BCH FL
TITLE	S
NAME	MANN, LORRIANE
STREET ADDRESS	2520 SO FEDERAL HWY
CITY - ST - ZIP	BOYNTON BCH FL
TITLE	D
NAME	THOMAS, ROBINA
STREET ADDRESS	2520 S. FEDERAL HWY
CITY - ST - ZIP	BOYNTON BCH FL
TITLE	TD
NAME	LUCEWICH, HELEN
STREET ADDRESS	2520 S. FEDERAL HWY
CITY - ST - ZIP	BOYNTON BCH FL
TITLE	D
NAME	SCHROER, JANE
STREET ADDRESS	2520 SO FEDERAL HWY
CITY - ST - ZIP	BOYNTON BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WALL, ANN
1.3 STREET ADDRESS	2520 S. Federal Hwy
1.4 CITY - ST - ZIP	Boynton Bch., FL 33435
2.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PERCELL, BRENDA
2.3 STREET ADDRESS	2520 S. Federal Hwy
2.4 CITY - ST - ZIP	Boynton Bch., FL 33435
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S, AQUILLA ANN
3.3 STREET ADDRESS	2520 S. FEDERAL HWY
3.4 CITY - ST - ZIP	Boynton Bch., FL 33435
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THOMAS, ROBINA
4.3 STREET ADDRESS	2520 S. Federal Hwy
4.4 CITY - ST - ZIP	Boynton Bch., Fl, 33435
5.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lucewich, Helen
5.3 STREET ADDRESS	2520 S. Federal Hwy
5.4 CITY - ST - ZIP	Boynton Bch, Fl, 33435
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SCHROER, Jane
6.3 STREET ADDRESS	2520 S. Federal Hwy
6.4 CITY - ST - ZIP	Boynton Bch, FL 33435

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for an exemption stated in Section 119.07(3)(k), 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 in person; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Helen M. Lucewich* **3/20/95**
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR