

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montanari
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # 292621

(0)

95 MAY -1 PM 2:05

JOSEPH CHARLES & ASSOC., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Registered Agent

Mailing Address

207 CLEMATIS ST.
WEST PALM FL 33401

207 CLEMATIS ST.
WEST PALM FL 33401

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated (or 12/28/95)

3b. Date of Last Report

05/06/1965

05/01/1994

2. Principal Office of Registered Agent

2a. Mailing Address

21. State Apt. #, etc.

26. State Apt. #, etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

4. FID Number

59-1095452

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

7. Has Corporation Paid Penalty for Delinquent Tax Under Sec. 197.032,
Florida Statutes.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSEPH C. VISCONTI
207 CLEMATIS ST.
WEST PALM FL 33401

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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

(Signature of person accepting appointment as registered agent and filing agent)

(Signature of person accepting appointment as registered agent and filing agent)

(Signature of person accepting appointment as registered agent and filing agent)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PSD
VISCONTI, JOSEPH C.
P.O. BOX 2255 N/A
PALM BEACH FL 33480

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

7. TITLE

7. NAME

7. STREET ADDRESS

7. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 197.032, Florida Statutes. I further certify that the information indicated on this annual report or supplementary statement 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 registered agent responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

4-25-95

407-659-1700

(Signature Change #)