

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 25 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **328175** (5)

1. Corporation Name
FILCO, LTD.

Principal Place of Business
**990 NORTH HOMESTEAD BOULEVARD
HOMESTEAD FL 33030**

Mailing Address
**990 NORTH HOMESTEAD BOULEVARD
HOMESTEAD FL 33030**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/28/1968 3a. Date of Last Report
02/03/1994

2. Principal Place of Business
21 2a. Mailing Address
26 **10775 Caribbean Blvd.**

4. FEI Number
59-1204655 Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite, Apt. #, etc.
27 **Att: Denny Newnam**

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

City & State
23 City & State
28 **Miami, Florida**

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

Zip
24 Country
25 Zip
29 **33189** Country
30 **USA**

8. This corporation has liability for intangible tax under S. 199.032.
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEEMON, P.A.
10775 CARIBBEAN BLVD.
MIAMI FL 33189**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEEMON, P.A. 10775 CARIBBEAN BLVD. MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LEEMON, CHARLES III 17704 S W 83RD CT MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LEEMON, LINDA L. 17704 S W 83RD CT MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Leemon, P.A. 10775 Caribbean Blvd. Miami, Florida 33189
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/D Leemon, Charles III 17704 S. W. 83rd Court Miami, FL - 33157
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the 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 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: **Linda Leemon** *Linda Leemon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-95 **305-253-3037**
Date Telephone Number