

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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 354533 (2)
1. Corporation Name
BISCAYNE SPECIALTY CORPORATION

Principal Place of Business Mailing Address
P O BOX 725 P O BOX 725
KEYSTONE HEIGHTS FL 32656 KEYSTONE HEIGHTS FL 32656

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/28/1969** 3a. Date of Last Report: **04/05/1994**

4. FEI Number: **59-1280191** 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

LIEBMAN, J DAVID
633 N KROME AVE
HOMESTEAD FL 33030

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: _____ DATE: _____
Signatures, typed or printed name of registered agent and fee if applicable #NOTE: Registered Agent's signature required when re-registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRASHER, LAURA	1.2 NAME	
STREET ADDRESS	697 S.E. LAKEVIEW	1.3 STREET ADDRESS	
CITY - ST - ZIP	KEYSTONE HEIGHTS FL 32656	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRASHER, WILBERT	2.2 NAME	
STREET ADDRESS	697 S.E. LAKEVIEW	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEYSTONE HEIGHTS FL 32656	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRASHER, WILBERT	3.2 NAME	
STREET ADDRESS	697 S.E. LAKEVIEW	3.3 STREET ADDRESS	
CITY - ST - ZIP	KEYSTONE HEIGHTS FL 32656	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is true and fully furnished and does not qualify for the exemption stated in Section 110.07(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 holder of a power of attorney empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 attached, or on a supplement with an address.

SIGNATURE: *Wilbert Thrasher* **WILBERT THRASHER** 4/2/95 478-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Fee #