

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

DOCUMENT # 370310

(5)

1. Corporation Name

SID HERSH ASSOCIATES, INC.

FILED

95 JAN 23 AM 10:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**16095 N.W. 57TH AVENUE
HIALEAH FL 33014**

Mailing Address
**16095 N.W. 57TH AVENUE
HIALEAH FL 33014**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/25/1970** 3a. Date of Last Report **04/13/1994**

4. FEI Number **59-1302212** 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. 109.032, 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

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEOPOLD, NORMAN ESQ
16888 N.E. 19 AVENUE
SUITE 115
NORTH MIAMI BEACH FL 33162**

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 date if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **HERSH, SIDNEY**
STREET ADDRESS **16095 NW 57TH AVENUE**
CITY - ST - ZIP **HIALEAH, FL 00000**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **DELETE**
1.4 CITY - ST - ZIP

TITLE **STD**
NAME **GREGG, KENNETH A**
STREET ADDRESS **16095 NW 57TH AVENUE**
CITY - ST - ZIP **HIALEAH, FL 00000**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS **DELETE**
2.4 CITY - ST - ZIP

TITLE **VPD**
NAME **UCHTEN, JOHN**
STREET ADDRESS **16095 NW 57TH AVENUE**
CITY - ST - ZIP **HIALEAH, FL 00000**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS **President**
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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:

John Lichten President

1/16/95

(305) 625-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number