

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 402558 (1)

1. Corporation Name

THE 94TH OF FORT LAUDERDALE, INC.



Principal Place of Business

4155 E LA PALMA AVE
SUITE 250
ANAHEIM CA 92807

Mailing Address

4155 E LA PALMA AVE
SUITE 250
ANAHEIM CA 92807

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
06/05/1972

3a. Date of Last Report
05/01/1995

4. FEI Number

95-2954993

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

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

Signature, typed or printed name of registered agent and director (if applicable)

(Print) Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE AS ☐ DELETE
NAME MCMAHON, JUDITH
STREET ADDRESS 4155 E LA PALMA AVE #250
CITY-ST-ZIP ANAHEIM CA

TITLE VD ☐ DELETE
NAME TALICHET, CECILIA
STREET ADDRESS 4155 E LA PALMA AVE #250
CITY-ST-ZIP ANAHEIM CA

TITLE PD ☐ DELETE
NAME TALICHET, DAVID C., JR.
STREET ADDRESS 4155 E LA PALMA AVE #250
CITY-ST-ZIP ANAHEIM CA

TITLE AT ☐ DELETE
NAME ROYSE, BOB D
STREET ADDRESS 4155 E LA PALMA AVE #250
CITY-ST-ZIP ANAHEIM CA

TITLE ST ☐ DELETE
NAME TALICHETT, CECILIA
STREET ADDRESS 4155 E LA PALMA AVE #250
CITY-ST-ZIP ANAHEIM CA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

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:

Bob Royse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

Date

(714) 579-3900

Daytime Phone

CR2E034 (12/95)