

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 SEP 18 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 402558

1. Entity Name
THE 94TH OF FORT LAUDERDALE, INC. #518



Principal Place of Business
8191 E. KAISER BLVD
ANAHEIM, CA 92808

Mailing Address
8191 E. KAISER BLVD
ANAHEIM, CA 92808



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-2954993

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
TALLICHET, CECILIA
8191 E. KAISER BLVD
ANAHEIM, CA 928082214

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
ROYSE, BOB D
8191 E. KAISER BLVD
ANAHEIM, CA 92808

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
TALLICHETT, CECILIA
8191 E. KAISER BLVD
ANAHEIM, CA 928082214

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TALLICHET, JOHN D
8191 E. KAISER BLVD
ANAHEIM, CA 92808

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400080091164
09/22/06--01048--008 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bob Royse*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/06
Date

714-279-6100
Daytime Phone #

32

9/20/06