FILE NOW: FILING FEE AFTER MAY 1 IS $

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTM
Sandra B. M
Secretary of
DIVISION OF COR

APPROVED AND FILED

95 APR 19 PM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **405576** **(0)**

1. Corporation Name

DRYER ENTERPRISES, INCORPORATED

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
102 SOUTH KROME AVENUE HOMESTEAD FL 33030 US	20975 SW 264 ST. MIAMI FL 33031

3. Date Incorporated or Qualified: **07/25/1972**

3a. Date of Last Report: **06/17/1994**

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: **59-1695979** ☐ 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

7. 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
DRYER, DAVID, B 20975 S.W. 264TH ST SUITE 63 HOMESTEAD FL 33031	81 Name: DRYER, DAVID, B 82 Street Address (P.O. Box Number is Not Acceptable) 83: 20975 S.W. 264TH STREET 84 City: HOMESTEAD FL 85 Zip Code: 33031

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: April 13, 1995

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DRYER, DAVID	1.2 NAME	
STREET ADDRESS	20975 S.W. 264 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	DRYER, SUSAN	2.2 NAME	
STREET ADDRESS	29400 S.W. 170TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ April 13, 1995 245-41-42

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Daytime Phone #

0119700 CP