

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 458060

(1)

1. Corporation Name

THETA ENTERPRISES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 9: 27

Principal Place of Business

Mailing Address

P.O. BOX 56000M
MIAMI FL 33256-0019
US

P.O. BOX 56000M
MIAMI FL 33256-0019
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/23/1974

3a. Date of Last Report

01/26/1994

4. FEI Number

59-1555620

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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 P.O. Box 560727

25 P.O. Box 560727

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Miami, FL

26 Miami, FL

Zip

Country

Zip

Country

24 33256-0727

25 US

29 33256-0727

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAATTAMA, HENRY H., JR.
SOUTHEAST FINANCIAL CENTER
200 S BISCAYNE BLVD, STE 4500
MIAMI FL 33131

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 title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CHOPE, DOUGLAS B
STREET ADDRESS 200 S BISCAYNE BLVD 4500
CITY - ST - ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VDS
NAME CHOPE, JOANNE B
STREET ADDRESS 200 S BISCAYNE BLVD 4500
CITY - ST - ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D
NAME CHOPE, KATHERINE B.
STREET ADDRESS 200 S BISCAYNE BLVD 4500
CITY - ST - ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joanne B. Chope

Joanna B. Chope

1/27/95

(Signature and typed or printed name of signing officer or director)

(Date)

(Signature/Name)