FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 APR 26 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **526389** **(2)**

1. Corporation Name
ASTORIA DEVELOPMENTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1621 N TAMIAMI TRAIL SUITE 4 NORTH FORT MYERS FL 33903	1621 N TAMIAMI TRAIL SUITE 4 NORTH FORT MYERS FL 33903

3. Date Incorporated or Qualified: **02/23/1977**
3a. Date of Last Report: **04/08/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-1824874** ☐ 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

9. Name and Address of Current Registered Agent

RANDOLPH, WILLIAM RUDI
1621 N TAMIAMI TRAIL SUITE 4-6
NORTH FORT MYERS FL 33903

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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: *William Rudi Randolph* 4/17/95
Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RANDOLPH, WILLIAM RUDI	12 NAME	
STREET ADDRESS	1621 N TAMIAMI TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	N FORT MYERS FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	RANDOLPH, MARGO MICHELLE	22 NAME	
STREET ADDRESS	1621 N TAMIAMI TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	N FORT MYERS FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	RANDOLPH, MARGO MICHELLE	32 NAME	
STREET ADDRESS	1621 N TAMIAMI TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	N FORT MYERS FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

DA
4-26

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: *William Rudi Randolph* William Rudi Randolph 4/17/95 (813)-639-4511
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0330069 CP