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

95 MAR 21 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **531015** **(6)**

1. Corporation Name
LUKE REDIGAN ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
11820 N.W. 41ST STREET CORAL SPRINGS FL 33065	11820 N.W. 41ST STREET CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: 04/06/1977
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-1760805 ☐ 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

REDIGAN, LUKE
215 COCONUT PALM RD
BOCA RATON FL 33065

10. Name and Address of New Registered Agent

81 Name: REDIGAN LUKE
82 Street Address (P.O. Box Number is Not Acceptable): 215 COCONUT PALM ROAD
83:
84 City: BOCA RATON FL 85 Zip Code: 33432

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
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	~~PRES~~	1.1 TITLE	TD ☒ Change ☐ Addition
NAME	~~REDIGAN, VIRGINIA A~~	1.2 NAME	REDIGAN, VIRGINIA A.
STREET ADDRESS	215 COCONUT PALM RD	1.3 STREET ADDRESS	215 COCONUT PALM RD.
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	LUKE, REDIGAN	2.2 NAME	
STREET ADDRESS	215 COCONUT PALM RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	REDIGAN, LUKE JR.	3.2 NAME	REDIGAN, LUKE JR
STREET ADDRESS	215 COCONUT PALM RD	3.3 STREET ADDRESS	215 COCONUT PALM RD.
CITY-ST-ZIP	~~GONDADO PR~~	3.4 CITY-ST-ZIP	BOCA RATON, FL. 33432
TITLE		4.1 TITLE	SD ☐ Change ☒ Addition
NAME		4.2 NAME	SACK, LUCIA R.
STREET ADDRESS		4.3 STREET ADDRESS	7415 N.W. 74TH DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PARKLAND, FL 33067
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: Luke R. Redigan 3-20-95 (305) 755-3070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LUKE R. REDIGAN, JR.

0100004 CP