

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION

APPROVED
AND
FILED

MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 563351

(6)

TERRY DALTON, INC.

Principal Place of Business

**TERRY DALTON INC
3565 NE 207TH ST
N MIAMI BEACH FL 33180
US**

Alternate Address

**TERRY DALTON INC
3565 NE 207TH ST
N MIAMI BEACH FL 33180
US**

DO NOT WRITE IN THIS SPACE

3. Date in operation if Qualified 03/20/1978	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1881690	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaigns Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 196.04, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
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9. Name and Address of Current Registered Agent DALTON, TERRY 3565 NE 207 STR NO MIAMI BCH FL 33178	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name</td> <td>85 Zip Code</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>FL</td> </tr> </table>	81 Name	85 Zip Code	82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	FL
81 Name	85 Zip Code								
82 Street Address (P.O. Box Number is Not Acceptable)									
83									
84 City	FL								

11. Pursuant to the provisions of Sections 607.04 and 607.05, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, as the State of Florida has 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 607.04, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS OR SHAREHOLDERS	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	DALTON, TERRY	NAME	
STREET ADDRESS	228 ROSE DR	STREET ADDRESS	
CITY, ST, ZIP	FT LAUDERDALE, FL 00000	CITY, ST, ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	ALI, CATHERINE R.	NAME	
STREET ADDRESS	801 N VENETIAN DR	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.07(3)(b), Florida Statutes. I further certify that the information included 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 treasurer or another employee authorized 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: *Catherine R. Ali* **Catherine R. Ali** **5/4/95** **305-933 3663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR