

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

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DEPARTMENT OF CORPORATIONS

DOCUMENT # 588164

(4)

1. Corporation Name

JENTOR CORPORATION

95 FEB 28 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

980 TYRONE BLVD
ST PETERSBURG FL 33710

Mailing Address

980 TYRONE BLVD
ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1978

3a. Date of Last Report

03/07/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1865723

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RESIDENT AGENT CORPORATION OF PINELLAS CO.
980 TYRONE BLVD.
ST. PETERSBURG FL 33710

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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

(Sign in blue or black ink printed name of registered agent and the application)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

PD

2. NAME

TEPERMAN, MARVIN

3. STREET ADDRESS

23 SUNCREST DR-DON MILLS

4. CITY, ST, ZIP

ONT., CANADA M3C2L1

5. TITLE

STD

6. NAME

TEPERMAN, ESTELLE

7. STREET ADDRESS

23 SUNCREST DR-DON MILLS

8. CITY, ST, ZIP

ONT., CANADA M3C2L1

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

☐ Change ☐ Addition

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SIGNATURE:

Estelle Teperman Estelle Teperman
Secretary, Treasurer

Feb. 16, 1995 416-443
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