

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

APPROVED
AND
FILED

95 MAR 27 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 594259 (4)

1. Corporation Name

EXI, INC.

Principal Place of Business

C/O MACHEN, POWERS
301 W CAMINO GARDENS BLVD. #101
BOCA RATON FL 33432
US

Mailing Address

C/O MACHEN, POWERS
301 W. CAMINO GARDENS BLVD. #101
BOCA RATON FL 33432-5823
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/27/1978

3a. Date of Last Report

04/11/1994

4. FEI Number

59-2165352

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. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22 500 Azalea Lane

Suite, Apt. #, etc.

27 500 Azalea Lane

City & State

23 Vero Beach, FL

City & State

28 Vero Beach, FL

Zip

24 32963

Country

25 US

Zip

29 32963

Country

30 US

9. Name and Address of Current Registered Agent

DISQUE, PHILIP A
707 SE 3 AVE 400
FT LAUDERDALE FL 33316-8155

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DPT

NAME

DISQUE, PHILIP A

STREET ADDRESS

707 SE 3 AVE 400

CITY - ST - ZIP

FT LAUDERDALE, FL 00000

TITLE

VPS

NAME

DESROSIERS, SHEILA G

STREET ADDRESS

301 W. CAMINO GARDENS BLVD., #101

CITY - ST - ZIP

BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DP

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

500 Azalea Lane
Vero Beach, FL 32963

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

LEON TAUREL
500 AZALEA Lane
Vero Beach, FL 32963

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 119.07(3)(k), 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 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 of this report, or on an attachment with an address.

SIGNATURE:

Sheila G. Desrosiers
SHEILA G. DESROSIERS

3/24/95 407 231 9771