

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 616509 (6)

1. Corporation Name

SOUTHERN DAIRIES OF FLORIDA, INC.

Principal Place of Business

**937 NW 8TH AVENUE
FT LAUDERDALE FL 33311**

Mailing Address

**937 NW 8TH AVENUE
FT LAUDERDALE FL 33311**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 11:43

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/05/1979

3a. Date of Last Report

02/15/1994

4. FEI Number

59-1902678

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

24

25

29

30

9. Name and Address of Current Registered Agent

**LIPITZ, MICHAEL
937 SW 8TH AVE
FT LAUDERDALE FL 33313**

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
or registered agent, or both, in the State of Florida. Such change was authorized by
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

above-named corporation submits this statement for the purpose of changing its registered office
the corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

NOTE: FEI

Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DP
LIPITZ, MICHAEL
200 NW 20TH AVE
FT LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished
and that the information indicated on this annual report or supplemental annual
only; that I am an officer or director of the corporation or the receiver or trustee or
appears in Block 12 or Block 13 if changed, or on an attachment with an address

and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further
it is true and accurate and that my signature shall have the same legal effect as if made under
worded to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER

REGISTRATION

1/25/95 305 4676890