

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

APPROVED
AND
FILED

MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **638035** (6)
COPROCESSOR CORPORATION

Principal Place of Business: **308 JONQUIL AVENUE FT. WALTON BCH. FL 32548**
Mailing Address: **308 JONQUIL AVENUE FT. WALTON BCH. FL 32548**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2b		09/28/1979		07/11/1994	
22 State Apt # or		27 State Apt # or		4. FEI Number		Applied For	
23 City & State		28 City & State		59-1964147		Not Applicable	
24		25		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIMPSON, DAVID A. 909 NE MAR WALT FORT WALTON BEACH FL 32548				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(6), 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 607.02(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME: PD IMSAND, DONALD J. 308 JONQUIL AVENUE FT. WALTON BCH. FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME: VD IMSAND, AUDREY E. 308 JONQUIL AVENUE FT. WALTON BCH. FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. NAME:		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. NAME:		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. NAME:		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME:		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. NAME:		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
8. NAME:		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Section 119.07(3)(b), 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, changed, or on an attached form with an address.

SIGNATURE: *Audrey E. Im sand*
 SIGNATURE AND TITLE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR: Audrey E. Im sand, Vice Pres
 5-18-95 (904) 862-5072

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SEP 22 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Narcissa B. Myrland
Secretary of State
1900 BANK OF AMERICA BUILDING

DOCUMENT # **641156** (5)

1. Corporation Name
HOLIDAY PLAZA CORP.

Principal Place of Business Mailing Address
12455 SW 22ND TERRACE MIAMI FL 33175
12455 SW 22ND TERRACE MIAMI FL 33175

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 09/20/1979	3a. Date of Last Report 01/27/1994
4. FEI Number 59-2144269	Applied For Not Applicable
5. Certificate of Status Created <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation is exempt from registration under the Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent BARAKAT, MAURICE 12455 S.W. 22ND TERRACE MIAMI FL 33175		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code FL

11. Pursuant to the provisions of Sections 607.0402 and 607.1504, 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 607.0405, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS, APPLICABLE TO 12.1-12.6	
TITLE	NAME	TITLE	NAME
PD	BARAKAT, MAURICE		
STREET ADDRESS	12455 SW 22ND TERRACE		
CITY & ZIP	MIAMI FL		
TITLE	NAME	TITLE	NAME
ST	BARAKAT, MAURICE		
STREET ADDRESS	12455 SW 22ND TERRACE		
CITY & ZIP	MIAMI FL		
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME

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(1)(b), Florida Statutes. I further certify that the information contained on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or its authorized agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or 13, if changed, or on an attached form with my address.

SIGNATURE: *Maurice A. Barakat* 641156-18-95 305 552 5896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR