

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 655568

(4)

95 MAY -1 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

114 SW 10TH STREET
SUITE B
FT. LAUDERDALE FL 33315
US

114 SW 10TH STREET
SUITE B
FT. LAUDERDALE FL 33315
US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

02/12/1980

3a. Date of Last Report

01/20/1994

4. FEI Number

59-2184909

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 damages (see under § 190.001,
Florida Statutes)

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite Apt. #, etc.

Suite Apt. #, etc.

22. City & State

23

City & State

27

24. ZIP

25

25. Country

29

30. Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRONENGOLD, MAE E.
114 SW 10 ST., SUITE B
FORT LAUDERDALE FL 33315

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 of Registered Agent or President of Corporation)

(Signature of Registered Agent or President of Corporation)

(Date)

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VP

KRONENGOLD, MELVIN
114 SW 10 ST., SUITE B
FT. LAUDERDALE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

V/D

KRONENGOLD, STEVEN M.
114 SW 10 ST., SUITE B
FT. LAUDERDALE FL

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PTSB

KRONENGOLD, MAE E.
114 SW 10 ST., SUITE B
FT. LAUDERDALE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

P/T/S/D

KRONENGOLD, MAE E.
114 SW 10 ST., SUITE B
FT. LAUDERDALE FL

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

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 119.07(3)(b), Florida Statutes. I further

swear that the information made available 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 document, or on an attachment with an address.

SIGNATURE:

Mae E. Kronengold
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4-14-95

(305) 761-8292