

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

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MAY 12 11 09:15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 659565 (6)
A TO Z LUGGAGE & LEATHER REPAIR, INC.

Principal Place of Business: **C/O RENEE BENN, 725 ROCK ISLAND RD, MARGATE FL 33063**
Mailing Address: **C/O RENEE BENN, 725 ROCK ISLAND RD, MARGATE FL 33063**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
3. Date Incorporated or Qualified: **03/18/1980**
3a. Date of Last Report: **06/16/1994**
4. FEI Number: **59-2080397**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has elected to register its under § 199.032, Florida Statutes: Yes No

DO NOT WRITE IN THIS SPACE

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3a. Date of Last Report: **06/16/1994**
4. FEI Number: **59-2080397**
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7. This corporation has elected to register its under § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BENN, RENEE
725 ROCK ISLAND ROAD
MARGATE FL 33063**

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

11. Pursuant to the provisions of Sections 607.0507 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: _____

12. OFFICERS AND DIRECTORS

1. NAME: **BENN, RENEE**
2. STREET ADDRESS: **725 ROCK ISLAND ROAD**
3. CITY, STATE, ZIP: **MARGATE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

4. NAME: Change Addition
5. STREET ADDRESS: Change Addition
6. CITY, STATE, ZIP: Change Addition
7. NAME: Change Addition
8. STREET ADDRESS: Change Addition
9. CITY, STATE, ZIP: Change Addition
10. NAME: Change Addition
11. STREET ADDRESS: Change Addition
12. CITY, STATE, ZIP: Change Addition
13. NAME: Change Addition
14. STREET ADDRESS: Change Addition
15. CITY, STATE, ZIP: Change Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and shows not equally for the exemptions stated in the body of this filing. 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 make the same legal effect as if made under oath. I am an officer or director of this corporation or the person or person empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 of this report or as an officer named with an address.

SIGNATURE: *Renee Benn* **Renee Benn** **5/12/94** **305 971-1342**