

ANNUAL REPORT
1995



Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

95 JAN 27 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 686679 (2)

1. Corporation Name

~~JOHNSON AND MCCALL, CHARTERED~~
JOHNSON, ADORNO & MCCALL, CHARTERED

Principal Place of Business

209 NE 95TH ST #1
MIAMI SHORES FL 33138

Mailing Address

209 NE 95TH ST #1
MIAMI SHORES FL 33138

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/05/1980

3a. Date of Last Report

08/31/1994

4. FEI Number

59-2024781

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. 198.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MCCALL, WALTON C
209 NE 95TH ST #1
MIAMI SHORES FL 33138

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCALL, WALTON C
STREET ADDRESS	209 NE 95 ST. #1
CITY-ST-ZIP	MIAMI SHORES, FL 00000
TITLE	STD
NAME	JOHNSON, STEVEN
STREET ADDRESS	209 N.E. 95TH ST. #1
CITY-ST-ZIP	MIAMI SHORES FL 33138
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	800001395258
1.4 CITY-ST-ZIP	-02/01/95--01057--014
2.1 TITLE	***200.00 ☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	VD
3.3 STREET ADDRESS	ADORNO, MARK
3.4 CITY-ST-ZIP	209 NE 95 ST. #1
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	MIAMI SHORES FL 33138
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 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steven J. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven J. Johnson

Date

Signature Number

305 751-7059