

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

1995 MAR 16 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 743625 (6)

1. Corporation Name

THE WORLD'S ATTIC, INC.

Principal Place of Business

3639 BAHIA VISTA STREET  
SARASOTA FL 34232

Mailing Address

3639 BAHIA VISTA STREET  
SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1978

3a. Date of Last Report

04/11/1994

4. FEI Number

59-1852699

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

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

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHLABACK, KAY  
260 BEARDED OAKS DRIVE  
SARASOTA FL 34232

81 Name

Julie Zimmerman

82 Street Address (P.O. Box Number is Not Acceptable)

4756 Acorn Circle

83

84 City

Sarasota

FL

85 Zip Code  
34233

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.

Julie Zimmerman

(NOTE: Registered Agent signature required when reinstating)

3/10/95

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS         | CITY-ST-ZIP       |
|-------|------------------|------------------------|-------------------|
| VD    | ZIMMERMAN, JULIE | 4756 ACORN CIRCLE      | SARASOTA FL 34233 |
| PD    | SCHLABACK, KAY   | 260 BEARDED OAKS DRIVE | SARASOTA FL 34232 |
| TD    | MAST, RAY        | 4225 LINWOOD ST.       | SARASOTA FL 34232 |
| D     | MURPHY, ANITA    | 4512 ARDALE STREET     | SARASOTA FL 34232 |
| D     | KURTZ, BONNIE    | 3000 FREDERICK LANE    | SARASOTA FL 34234 |
| SD    | MARTIN, ALICE    | 2735 AMANDA DR.        | SARASOTA FL 34232 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
|-----------|----------|--------------------|-----------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |

☐ Change ☐ Addition

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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 110.07(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 liquidator empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie Zimmerman

3/10/95

DATE

(813) 925-0159

(Typed Name)