FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:02

DOCUMENT # **826891** **(4)**

1. Corporation Name

WISHNATZKI & NATHEL, INC.

Principal Place of Business	Mailing Address
100 STEARN STREET PO BOX 1839 PLANT CITY FL 33566-5045	100 STEARN STREET PO BOX 1839 PLANT CITY FL 33566-5045

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/15/1971
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21: 100 STEARN AVE.
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 100 STEARN AVE.
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 13-2685629 ☐ 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 intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WISHNATZKI, GARY
16609 MILLAN DE AVILA
TAMPA FL 33613

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	WISHNATZKI, LESTER	1.2 NAME		
STREET ADDRESS	2310 FAIRMOUNT AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	WISHNATZKI, GARY	2.2 NAME	WISHNATZKI, GARY	
STREET ADDRESS	16609 MILLAN DE AVILA	2.3 STREET ADDRESS	16609 MILLAN DE AVILA	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VD	3.1 TITLE		☒ Change ☐ Addition
NAME	NATHEL, ALVIN	3.2 NAME		
STREET ADDRESS	27 CRAIG ST., JERICHO	3.3 STREET ADDRESS		
CITY-ST-ZIP	JERICHO NY	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	VD	☐ Change ☒ Addition
NAME		4.2 NAME	NATHEL, IRA	
STREET ADDRESS		4.3 STREET ADDRESS	22 BRISTOL DR.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WOODBURY NY 11797	
TITLE		5.1 TITLE	S/TD	☐ Change ☒ Addition
NAME		5.2 NAME	NATHEL, SHELDON	
STREET ADDRESS		5.3 STREET ADDRESS	300 E. 75 ST.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NEW YORK NY 10021	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: _____ GARY WISHNATZKI 2/2/95 813 752 5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000787 CP