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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 842577

(9)

1. Corporation Name

FOLKERSEN INTERESTS INC.

Principal Place of Business

6060 SW 18TH ST., #101
BOCA RATON FL 33433
US

Mailing Address

6060 SW 18TH ST., #101
BOCA RATON FL 33433
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/12/1979

3a. Date of Last Report

04/12/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1879573

Applied For

Not Applicable

21 Suite, Apt., #, etc.

26 Suite, Apt., #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAFFER, ROGER L
2499 GLADES RD
STE 313
BOCA RATON FL 33431

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 the date)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	FOLKERSEN, HENRY
STREET ADDRESS	390 N FEDERAL HWY #402
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	STD
NAME	FOLKERSEN, R EYONNE
STREET ADDRESS	390 N FEDERAL HWY #402
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	V
NAME	FOLKERSEN, JEFFREY S.
STREET ADDRESS	390 N FEDE HWY #402
CITY - ST - ZIP	DEERFIELD BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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 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:

R. Eyonne Folkersen

R. Eyonne Folkersen

3/27/95

407-362-7149

(Signature and typed or printed name of signing officer or director)