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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F18739 (5)

1. Corporation Name
1950 LTD., INC.

Principal Place of Business
% ALFRED M STEINER
1950 WILTON DR
WILTON MANORS FL 33305-3909

Mailing Address
% ALFRED M STEINER
1950 WILTON DR
WILTON MANORS FL 33305-3909

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	% ALFRED M. STEINER
Suite, Apt. #, etc. (22)	132 FAIRWICH COURT
City & State (23)	TAVERNIER, FL 33070
Zip (24)	33070
Country (25)	MONROE
2a. Mailing Address (26)	% ALFRED M. STEINER
Suite, Apt. #, etc. (27)	P.O.BOX 81-7413
City & State (28)	HOLLYWOOD, FL 33081
Zip (29)	33081
Country (30)	MONROE

3. Date Incorporated or Qualified: 01/28/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2068249 — ☐ 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
STEINER, ALFRED M
1950 WILTON DRIVE
WILTON MANORS FL

10. Name and Address of New Registered Agent
81 Name: ALFRED M. STEINER
82 Street Address (P.O. Box Number is Not Acceptable): ~~132 FAIRWICH COURT~~
83
84 City: TAVERNIER
FL
85 Zip Code: 33070

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 ALFRED M. STEINER [signature] 4/14/95
Signature, typed or printed name of registered agent and title if applicable / New Registered Agent's signature required when reinstating / DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME STEINER ALFRED M
STREET ADDRESS 1...
CITY ST ZIP W...

A. M. Steiner
P. O. Box 81-7413
Hollywood, FL 33081

N/A

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☒ Change ☐ Addition
1.2 NAME	STEINER, ALFRED M	NA
1.3 STREET ADDRESS	P.O.BOX 81-7413	
1.4 CITY ST ZIP	HOLLYWOOD, FL 33081	301-985-2080
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 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: [signature] 4/14/95 301-985-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0240689 CP