

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 APR 28 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F40743

(9)

1. Corporation Name

ECONO-KING INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~634 W. GLADES RD.~~
~~BOCA RATON FL 33431~~

~~634 W. GLADES RD.~~
~~BOCA RATON FL 33431~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/18/1981

3a. Date of Last Report

04/14/1994

4. FEI Number

59-2129509

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

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

2. Principal Place of Business

2a. Mailing Address

21 **2227 TROPICAL TERR.**

25 **2227 TROPICAL TERR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **DELAND, FL**

27 **DELAND, FL**

City & State

City & State

23 **32724-3830**

28 **32724-3830**

Zip

Country

Zip

Country

24 **VOLUSIA**

29 **VOLUSIA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDENBERG, STEPHEN F PA
1 FINANCIAL PLACE, #2626
FT LAUD FL 33394

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 his application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD**
NAME **BROTMAN, IRWIN**
STREET ADDRESS **5702 N.W. 48 WAY.**
CITY - ST - ZIP **TAMARAC FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2227 TROPICAL TERR.**
1.4 CITY - ST - ZIP **DELAND, FL 32724-3830**

TITLE **PD**
NAME **BROTMAN, RUTH**
STREET ADDRESS **5702 N.W. 48 WAY.**
CITY - ST - ZIP **TAMARAC FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **2227 TROPICAL TERR.**
2.4 CITY - ST - ZIP **DELAND, FL 32724-3830**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ruth A. Brotman / **RUTH A. BROTMAN**

4/5/95

904-138-0116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number