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 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F78370** **(6)**

1. Corporation Name

CHALLENGE WAREHOUSING, INC.

Principal Place of Business	Mailing Address
P. O. BOX 350582 FT LAUDERDALE FL 33335	P. O. BOX 350582 FT LAUDERDALE FL 33335

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/29/1982
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1217 SW 1st Ave.
22: Suite, Apt. #, etc.
23: City & State: Ft. Laud., FL
24: Zip: 33315
25: Country: Broward

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

4. FEI Number: 59-2199168 ☐ 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

ELDER, IAN
3277 SE 14TH AVE
FT. LAUDERDALE FL 33335

10. Name and Address of New Registered Agent

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 _____ 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	D	1.1 TITLE	President ☐ Change ☑ Addition
NAME	GREEN, CHRISTOPHER	1.2 NAME	Ian Elder
STREET ADDRESS	1945 PLAYERS PLACE	1.3 STREET ADDRESS	2013 SE 17th Ct.
CITY-ST-ZIP	N LAUDERDALE FL	1.4 CITY-ST-ZIP	Pompano Bch, FL 33062
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ELDER, ROBERTA	2.2 NAME	
STREET ADDRESS	2013 SE 17TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, ANITA	3.2 NAME	
STREET ADDRESS	1945 PLAYERS PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VP ☐ Change ☑ Addition
NAME		4.2 NAME	Julie Elder-O'Driscoll
STREET ADDRESS		4.3 STREET ADDRESS	901 SW 9th Terr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Laud. FL 33315
TITLE		5.1 TITLE	Director ☑ Change ☐ Addition
NAME		5.2 NAME	Green, Christopher
STREET ADDRESS		5.3 STREET ADDRESS	945 Players Place
CITY-ST-ZIP		5.4 CITY-ST-ZIP	N. Laud. FL
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)(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: X _____ 4/28/95 305/463.7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0434000 FP