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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **F80549** **(1)**

1. Corporation Name

TISEO BAIL BONDS, INC.

Principal Place of Business	Mailing Address
1501 S.W. LEJEUNE ROAD P.O. BOX 14-1156 CORAL GABLES FL 33134	1501 S.W. LEJEUNE ROAD P.O. BOX 14-1156 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/05/1982	05/12/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or Bldg. 22	Suite, Apt. # or Bldg. 27
City & State 23	City & State 28
Zip 24	Zip 29
County 25	Country 30

4. FEI Number: 59-2675887 ☐ 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. *Does corporation have 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
FORMAN, TERRY J. 1521 S.W. 42ND AVENUE MIAMI 33134	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 Section 607.1905 and 607.1908, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95
TITLE PD NAME TISEO, ALBERT V STREET ADDRESS 1501 S.W. 42ND AVENUE CITY-ST-ZIP MIAMI, FL 00000	☐ Change ☐ Addition
TITLE AS NAME FORMAN, TERRY J. STREET ADDRESS 1521 SW 42ND AVE CITY-ST-ZIP MIAMI FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing 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 above or on an attached sheet with an address.

SIGNATURE: Terry J. Forman TERRY J. FORMAN 5/1/95 (305) 444-5724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0208431 CP