

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002188 (0)

1. Corporation Name

INDEEN INC.

Principal Place of Business

3 CHRISTINA CENTRE
201 N. WALNUT ST.
WILMINGTON DE 19801

Mailing Address

3 CHRISTINA CENTRE
201 N. WALNUT ST.
WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1994

3a. Date of Last Report

4. FEI Number

NOT APPLICABLE 65-048244

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

2. Principal Place of Business

21 8056 Via Fiore

Suite, Apt. #, etc

22 Suite 202

City & State

23 Sarasota FL

24 34238

Country

26. Mailing Address

26 8056 Via Fiore

Suite, Apt. #, etc

27 Suite 202

City & State

28 Sarasota FL

29 34238

Country

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

9. Name and Address of Current Registered Agent

PUSEY, M W
8056 VIA FIORE
SARASOTA FL 34238

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 of the person named as registered agent and his or her address

Signature of the Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVCD
NAME	PUSEY, M W
STREET ADDRESS	8056 VIA FIORE
CITY, ST, ZIP	SARASOTA FL 34238
TITLE	STDC
NAME	PUSEY, JANET S
STREET ADDRESS	8056 VIA FIORE
CITY, ST, ZIP	SARASOTA FL 34238
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 119.07(3)(b), 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:

M. W. Pusey
M. W. Pusey
SIGNING OFFICER OR DIRECTOR

4-25-95

Date

Signature of Secretary of State