

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:31

DOCUMENT # G11171

(7)

1. Corporation Name

UTILITY OF SOUTH FLORIDA, INC.

Principal Place of Business

17151 N.W. 7TH AVENUE, EXT
P.O. BOX 694220
MIAMI FL 33169

Mailing Address

17151 N.W. 7TH AVENUE, EXT
P.O. BOX 694220
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/01/1982

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

* WHOLLY OWNED. SUBSIDIARY OF TRUCK OF

TWOROGER, KENNETH F.
2651 N. FEDERAL HWY.
FT. LAUDERDALE FL

81 Name

SOUTH FLORIDA, INC. AND FILE CONSOLIDATED

82 Street Address (P.O. Box Number is Not Acceptable)

RETURN

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 title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	TWOROGER, THOMAS
STREET ADDRESS	301 NW 171ST ST
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	P
NAME	ARRINGTON, ROBERT A
STREET ADDRESS	301 NW 171ST ST
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	S
NAME	GRAHAM, ALLYSE F
STREET ADDRESS	301 NW 171ST ST
CITY - ST - ZIP	MIAMI, FL
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

REMITTED BY MAY 1

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 110.07(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:

Allyse Graham, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

Date

Signature Title