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 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G47243** **(2)**

1. Corporate Name
LIMITED EDITIONS, INC.

Principal Place of Business
P.O. BOX 806
MAITLAND FL 32751

Mailing Address
P.O. BOX 806
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1983**
3a. Date of Last Report: **03/31/1994**

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

4. FEI Number: **59-2312574**
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

DONAHUE, MARGARET M.
1041 MCKEAN CIR
WINTER PARK FL 32789

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 607.0505 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

12. OFFICERS AND DIRECTORS

Title	PD
NAME	DONAHUE, MARGARET M.
Street Address	1041 MCKEAN CIR
City, State, Zip	WINTER PARK FL
Title	SD
NAME	DONAHUE, MARGARET M.
Street Address	1041 MCKEAN CIR
City, State, Zip	WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Addition
NAME	
Street Address	
City, State, Zip	

14. I hereby certify that the information supplied with this filing, or voluntarily furnished and deemed not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with any title changes or additions noted with an asterisk.

SIGNATURE: MARGARET M. DONAHUE 5-4-95 407-629-6816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0415010 FP