

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

APPROVED AND FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 AM 5:08

DOCUMENT # **G74643** (9)

1. Corporation Name

BUDD MAYER COMPANIES OF FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**3444 MEMORIAL HWY
TAMPA FL 33607
US**

**% ROBERT, ERGER, B
3444 MEMORIAL HWY
TAMPA FL 33607
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
10/28/1983

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

25

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FFI Number

59-2353050

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ERGER, ROBERT B
3444 MEMORIAL HWY
TAMPA FL 33607**

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 607.0902 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0902, Florida Statutes.

SIGNATURE

(Print or type name of registered agent or new registered agent)

(Print or type name of registered agent or new registered agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME: **ST ERGER, ROBERT**
12.2 STREET ADDRESS: **2930 BISCAYNE BLVD**
12.3 CITY, ST, ZIP: **MIAMI, FL 00000**

13.1 TITLE: **D. S. T.** Change Addition
13.2 NAME: **D. S. T.**
13.3 STREET ADDRESS: **3444 MEMORIAL HWY**
13.4 CITY, ST, ZIP: **TAMPA FL 33607**

12.4 NAME: **D MAYER, BUDD**
12.5 STREET ADDRESS: **2930 BISCAYNE BLVD**
12.6 CITY, ST, ZIP: **MIAMI, FL 00000**

13.5 TITLE: **33137** Change Addition
13.6 NAME: **BARTON C. FEILER**
13.7 STREET ADDRESS: **33137**

12.7 NAME: **DP FEILER, BARTOW**
12.8 STREET ADDRESS: **2930 BISCAYNE BLVD**
12.9 CITY, ST, ZIP: **MIAMI, FL 00000**

13.8 TITLE: **33137** Change Addition
13.9 NAME: **C. MICHAEL SUNDERLAND**
13.10 STREET ADDRESS: **3444 MEMORIAL HWY**
13.11 CITY, ST, ZIP: **TAMPA FL 33607**

12.10 NAME: **DV SUNDERLAND, MICHAEL C.**
12.11 STREET ADDRESS: **2930 BISCAYNE BLVD**
12.12 CITY, ST, ZIP: **MIAMI, FL 00000**

13.12 TITLE: **33137** Change Addition
13.13 NAME: **JERROLD C. CHADWICK**
13.14 STREET ADDRESS: **610 LOMAX ST.**
13.15 CITY, ST, ZIP: **JACKSONVILLE FL. 32204**

12.13 NAME: **DV CHADWICK, JARRALD**
12.14 STREET ADDRESS: **2930 BISCAYNE BLVD**
12.15 CITY, ST, ZIP: **MIAMI, FL 00000**

13.16 TITLE: Change Addition
13.17 NAME: Change Addition
13.18 STREET ADDRESS: Change Addition
13.19 CITY, ST, ZIP: Change Addition

14. I do hereby certify that the information supplied with this filing is, so far as I know, true and correct, and that I am a resident of the State of Florida. I hereby certify that the information is included in the annual report or supplemental annual report to the Secretary of State and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the manager or trustee responsible to prepare the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an affidavit filed with an address.

SIGNATURE: *Robert B. Erger* **ROBERT B. ERGER**

4/28/95 **813) 282-6900**