

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 12 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H20277

(0)

FIRST STREET CORPORATION

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/10/1984	3a. Date of Last Report 04/12/1994
4. FEI Number 58-2455149	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. 100.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent WALLACK, STEPHEN L. 3140 SOUTH OCEAN BLVD. PALM BEACH FL 33480	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
85. Zip Code	FL

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
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: _____ DATE: _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WALLACK, STEPHEN L.	1.2 NAME	000001455120
STREET ADDRESS	3140 S. OCEAN BLVD.	1.3 STREET ADDRESS	-04/13/95--01006--008
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	***200.00 ***200.00
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: _____ DATE: 4/3/95
(Signature and typed or printed name of signing officer or director)