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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H43279

(9)

1. Corporation Name
CINDY LOU FLEET, INC.

Principal Place of Business

720 SCALLOP DRIVE
727 SCALLOP DRIVE
CAPE CANAVERAL FL 32920

Mailing Address

720 SCALLOP DRIVE
727 SCALLOP DRIVE
CAPE CANAVERAL FL 32920

APPROVED
AND
FILED

95 MAR 21 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/12/1985
3a. Date of Last Report 01/24/1994

4. FEI Number 59-2498032
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 Suits, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suits, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

SCOTT, ALLEN C.D., II
727 SCALLOP DR.
235 ANDROS AVE., COCOA BCH., FL 32921
CAPE CANAVERAL FL 32920

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 607.0502 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ASD
NAME SCOTT, ALLEN C
STREET ADDRESS 727 SCALLOP DR.
CITY- ST- ZIP CAPE CANAVERAL FL

TITLE PD
NAME ROSEN, JONATHAN P
STREET ADDRESS 302 FIFTH AVE.
CITY- ST- ZIP NEW YORK NY

TITLE VPD
NAME NIMKOFF, ROBERT
STREET ADDRESS 302 FIFTH AVE.
CITY- ST- ZIP NEW YORK NY

TITLE T
NAME BERGMAN, HARRY
STREET ADDRESS 302 FIFTH AVE.
CITY- ST- ZIP NEW YORK NY

TITLE SD
NAME STUMBRIS, ARLENE M
STREET ADDRESS 5728 FLINT ROAD
CITY- ST- ZIP COCOA FL

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 or in an attachment with an address.

SIGNATURE:

Allen C.D. Scott II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-95

Date

407-799-2360

Telephone #