

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 25 AM 8:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H52077** (5)
1. Corporation Name
FORTTRAN, INC.

Principal Place of Business
**318 S.W. 15TH ST.
DANIA FL 33004**

Mailing Address
**318 S.W. 15TH ST.
DANIA FL 33004**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/15/1985** 3a. Date of Last Report **07/19/1994**

2. Principal Place of Business		2a. Mailing Address		4. FFL Number		Applied For	
21		26		59-2646080		☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
22		27		Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		☐	
23		28		8. This corporation has liability for intangible tax under S. 199 (33%) Florida Statutes		☐ Yes ☐ No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

**DESOUZA, HAMILTON J.
227 S.E. 9TH ST.
DANIA FL 33004**

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 of the person named as registered agent, or if a corporation, the signature of the president or other officer authorized to execute this statement.

If a new registered agent is being appointed, the signature of the new registered agent is required when filing this statement.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☐ Addition
NAME	227 SE 9TH ST	1.2 NAME	
STREET ADDRESS	DANIA FL	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE	NAME	2.1 TITLE	☐ Change ☐ Addition
NAME	DESOUZA, VICTORIA J.	2.2 NAME	
STREET ADDRESS	318 SW 15TH ST	2.3 STREET ADDRESS	
CITY, ST, ZIP	DANIA FL	2.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
NAME	DESOUZA, CATHERINE A.	3.2 NAME	
STREET ADDRESS	227 S.E. 9TH ST.	3.3 STREET ADDRESS	
CITY, ST, ZIP	DANIA FL	3.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	☐ Change ☐ Addition

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(4)(b), Florida Statutes. I further certify that the information included 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 act on this report as required by Chapter 100, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Hamilton J. De Souza**

7-12-95 **5-12-95** **305-925-3340**