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 -1 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H61078** **(2)**

1. Corporation Name
TAPEX CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% A. ROBERT CONINGSBY 3000 N.E. 12 TERRACE FT. LAUDERDALE FL 33334	% A. ROBERT CONINGSBY 3000 N.E. 12 TERRACE FT. LAUDERDALE FL 33334

3. Date Incorporated or Qualified: **06/06/1985**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2546926** ☐ 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	10. Name and Address of New Registered Agent
CONINGSBY, A. ROBERT 3000 N.E. 12 TERRACE FT. LAUDERDALE FL 33334	81 Name: Coningsby, Todd D. 82 Street Address (P.O. Box Number is Not Acceptable): 3000 NE 12 Terrace 83 84 City: Ft. Lauderdale FL 85 Zip Code: 33334

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: T.D. Todd D. Coningsby 4/27/95
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	D	☐ Change ☒ Addition
NAME	CONINGSBY, A. ROBERT III	12 NAME	Coningsby Gregg O.	
STREET ADDRESS	3000 N.E. 12 TERRACE	13 STREET ADDRESS	3000 NE 12 Terrace	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE	ST	21 TITLE	D	☒ Change ☐ Addition
NAME	CONINGSBY, TODD	22 NAME	Coningsby Todd D.	
STREET ADDRESS	3000 N.E. 12 TERR.	23 STREET ADDRESS	3000 NE 12 Terrace	
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE		31 TITLE	D	☐ Change ☒ Addition
NAME		32 NAME	Coningsby, Russell W.	
STREET ADDRESS		33 STREET ADDRESS	3000 NE 12 Terrace	
CITY-ST-ZIP		34 CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: T.D. Todd D. Coningsby 4/27/95 305-565-1617
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR DIRECTOR Date Daytime Phone #

0230178 CP