

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Norman
Secretary of State
1900 Bank of America Plaza
Tallahassee, Florida 32399-0001

GEN MAY 11 AM 9:37

DOCUMENT # H69954

(6)

1. Corporation Name:

CITY-PAIRS, INC.

RECEIVED
TALLAHASSEE, FLORIDA

Principal Place of Business:

**691 NE 29TH PLACE
BOCA RATON FL 33431**

Managing Agent:

**691 NE 29TH PLACE
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/05/1985** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2572445** Applied For: ☐ Not Applicable: ☐

5. Certificate of Status: Degree: ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing: Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

8. This corporation has had its financial statements audited under Chapter 490, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Residence:

21. State: **FL** Zip: **33431**

2a. Managing Agent:

26. State: **FL** Zip: **33431**

22. City & State:

27. City & State:

23. City & State:

28. City & State:

24. City & State:

29. City & State:

9. Name and Address of Current Registered Agent:

**FERK, CYNTHIA J
691 NE 29 PLACE
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent:

81. Name:

82. Street Address (P.O. Box Number is Not Acceptable):

83. City:

84. State:

FL

85. Zip Code:

11. Pursuant to the provisions of the Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent or both in the state. The undersigned corporation was authorized by the corporation's board of directors, duly elected, to accept the appointment as registered agent. I am hereby authorized to accept the appointment as the new registered agent for this corporation.

SIGNATURE:

Signature of the person signing this statement must be in ink and must be a signature of the president, secretary, or a duly authorized officer of the corporation.

DATE:

12. Name and Address of Agent for Service of Process:

Title:

Name:

Street Address:

City:

State:

Zip:

**DP
FERK, LARRY
691 NE 29TH PLACE
BOCA RATON FL**

13. ADDITIONAL CHANGES TO OFFICER, DIRECTOR, OR SHAREHOLDER:

1. Name:

2. Title:

3. Address:

4. City:

5. State:

6. Zip:

☐ Change ☐ Addition

7. Name:

8. Title:

9. Address:

10. City:

11. State:

12. Zip:

☐ Change ☐ Addition

13. Name:

14. Title:

15. Address:

16. City:

17. State:

18. Zip:

☐ Change ☐ Addition

19. Name:

20. Title:

21. Address:

22. City:

23. State:

24. Zip:

☐ Change ☐ Addition

25. Name:

26. Title:

27. Address:

28. City:

29. State:

30. Zip:

☐ Change ☐ Addition

31. Name:

32. Title:

33. Address:

34. City:

35. State:

36. Zip:

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied on this report is accurately furnished and does not qualify for the exemption stated in Section 130.07, Florida Statutes. I further certify that the information submitted on this annual report is a supplementary statement required to be filed as required and that my signature shall have the same legal effect as if made on the report. That signature shall be on the line for the signature of the officer or director empowered to execute this report as required by Chapter 490, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by the same statute.

SIGNATURE:

[Signature]

Larry D. Ferk, Pres.

4/28/95

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR