

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 1 1995 9:47

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H80313** (0)

1. Corporation Name

TWENTY-SEVEN BIRDS CORPORATION

Principal Place of Business

**2841 CYPRESS CREEK RD.
FT. LAUDERDALE FL 33309**

Mailing Address

**2841 CYPRESS CREEK RD.
FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

10/10/1985

3a. Date of Last Report

04/15/1994

4. FEI Number

59-2616034

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 193.032

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLANIGAN, JAMES G.
2721 BIRD AVENUE
MIAMI FL 33133**

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 607.05(2) 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 607.05(2), Florida Statutes.

SIGNATURE

(Signature of Agent, if not the corporation, must be signed by the agent)

(Signature of Registered Agent, if not the corporation, must be signed by the agent)

12/8

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	DPT
NAME	FLANIGAN, MICHAEL B.
STREET ADDRESS	2721 BIRD AVE.
CITY, ST, ZIP	MIAMI FL
12.2	DVP
NAME	FLANIGAN, JAMES G.
STREET ADDRESS	2721 BIRD AVE.
CITY, ST, ZIP	MIAMI FL
12.3	S
NAME	FLANIGAN, JAMES G.
STREET ADDRESS	2721 BIRD AVE.
CITY, ST, ZIP	MIAMI FL
12.4	D
NAME	FLANIGAN, JOSEPH G.
STREET ADDRESS	2721 BIRD AVE.
CITY, ST, ZIP	MIAMI FL
12.5	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13.1	☐ Change ☐ Addition
13.2	
13.3	☐ Change ☐ Addition
13.4	
13.5	☐ Change ☐ Addition
13.6	
13.7	☐ Change ☐ Addition
13.8	
13.9	☐ Change ☐ Addition
13.10	
13.11	☐ Change ☐ Addition
13.12	
13.13	☐ Change ☐ Addition
13.14	

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 193.04(1)(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 appointed to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changing or adding an officer or director.

SIGNATURE:

(Signature and typed name of officer or director)

JOSEPH G. FLANIGAN

4.27.95 (305) 974.9003