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 FEB 22 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H93335** **(8)**

1. Corporation Name
FLORIDA FORMING SYSTEMS, INC.

Principal Place of Business	Mailing Address
6400 CONGRESS AVENUE SUITE 2000 BOCA RATON FL 33487	6400 CONGRESS AVENUE SUITE 2000 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1986
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 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: 59-2632460 ☐ 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

BRYANT, BRAD D.
6400 CONGRESS AVENUE, SUITE 2000
BOCA RATON FL 33487

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	TERWILLINGER, J. RONALD	12 NAME	800001412908
STREET ADDRESS	2859 PACES FERRY	13 STREET ADDRESS	-02/23/95--01007--006
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	****200.00 ****200.00
TITLE	AS	21 TITLE	☐ Change ☐ Addition
NAME	FISH, DEBORAH	22 NAME	
STREET ADDRESS	6400 CONGRESS AVE. #2000	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	
TITLE	~~VD~~	31 TITLE	VD ☒ Change ☐ Addition
NAME	~~CROW, TRAMMELL S.~~	32 NAME	Crow, Harlan R
STREET ADDRESS	~~2001 ROSS AVENUE~~	33 STREET ADDRESS	2001 Ross Ave, # 3500
CITY-ST-ZIP	~~DALLAS TX~~	34 CITY-ST-ZIP	Dallas, TX 75201
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	WHEELER, CHRIS D.	42 NAME	
STREET ADDRESS	6400 CONGRESS AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	
TITLE	VST	51 TITLE	☐ Change ☐ Addition
NAME	BRYANT, BRAD	52 NAME	
STREET ADDRESS	6400 CONGRESS AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	2/22/95 ☐ Change ☐ Addition
NAME		62 NAME	MST
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: Deborah L. Fisk 2/10/95 407/997-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Deborah L. Fisk, Assistant Secretary

CR2E030 (1-89) CP