

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:55

DOCUMENT # **J16897** (7)
1. Corporation Name
STANDRU ENTERPRISES, INC.

Principal Place of Business Mailing Address
174 S.W. 3RD ST. DEERFIELD BEACH FL 33441 **174 S.W. 3RD ST. DEERFIELD BEACH FL 33441**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business *Deerfield Beach* 2a. Mailing Address
21 **174 S. E. 3rd St. FL 33441** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Deerfield Beach FL.** 28
Zip Country Zip Country
24 **33441** 25 **Florida** 29 30

3. Date Incorporated or Qualified **05/29/1986** 3a. Date of Last Report **01/25/1994**
4. FEI Number **59-2761494** 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
**COX, BENJAMIN W.
174 S.W. 3RD STREET
DEERFIELD BEACH FL 33441**

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 _____ (PRINT Name of registered agent, and title, if applicable) (PRINT Registered Agent signature required when registered) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, EDRISS M.	1.2 NAME	
STREET ADDRESS	174 S.W. 3RD ST.	1.3 STREET ADDRESS	
CITY, ST, ZIP	DEERFIELD BEACH FL	1.4 CITY, ST, ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, BENJAMIN	2.2 NAME	
STREET ADDRESS	174 SW 3RD ST	2.3 STREET ADDRESS	
CITY, ST, ZIP	DEERFIELD BEACH FL	2.4 CITY, ST, ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUBBS, CHEYENNE C.	3.2 NAME	
STREET ADDRESS	600 SW 14TH CT.	3.3 STREET ADDRESS	
CITY, ST, ZIP	DEERFIELD BEACH FL	3.4 CITY, ST, ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, WALTON G	4.2 NAME	
STREET ADDRESS	125 NW 7TH CT	4.3 STREET ADDRESS	
CITY, ST, ZIP	DEERFIELD BCH FL	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, REGIS C	5.2 NAME	
STREET ADDRESS	175 SW 4TH ST	5.3 STREET ADDRESS	
CITY, ST, ZIP	DEERFIELD BCH FL	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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 Sections 119.037(3)(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 execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an addition.

SIGNATURE: *Benjamin Cox* *Benjamin Cox* 01/12/95 (305) 427-5147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR