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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:55

DOCUMENT # **J33747** **(3)**

1. Corporation Name
ST. ANDREWS-NORTH, INC.

Principal Place of Business	Mailing Address
60 CUTTER MILL ROAD SUITE 212 GREAT NECK NY 11021	60 CUTTER MILL ROAD SUITE 212 GREAT NECK NY 11021

DO NOT WRITE IN THIS SPACE.

6835 To 6983 N. Wickham Road

2. Principal Place of Business (21): 69-35 To 6983 N. Wickham Rd
2a. Mailing Address (25):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23): Melbourne Florida
City & State (28):
Zip (24): 32940
Country (25): Brevard
Zip (29):
Country (30):

3. Date Incorporated or Qualified: **09/18/1986**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **13-3373865** ☐ 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

CORPLEX REALTY INC.
6767 NORTH WICKHAM RD
SUITE 400
MELBOURNE FL 32940

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	DC	11 TITLE		☐ Change ☐ Addition
NAME	MARCHESO, JOSEPH J.	12 NAME		
STREET ADDRESS	6767 NORTH WICKHAM ROAD - SUITE 400	13 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940	14 CITY-ST-ZIP		
TITLE	P	21 TITLE	DP	☐ Change ☐ Addition
NAME	GOLDING, HARRIET	22 NAME		
STREET ADDRESS	60 CUTTER MILL ROAD - SUITE 212	23 STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK NY 12021	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE	DVP	☐ Change ☐ Addition
NAME	LEVY, JERROLD, G.	32 NAME		
STREET ADDRESS	60 CUTTER MILL ROAD - SUITE 212	33 STREET ADDRESS		
CITY ST ZIP	GREAT NECK NY 12021	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	JARDINE, JEFFREY P	42 NAME		
STREET ADDRESS	60 CUTTER MILL ROAD - SUITE 212	43 STREET ADDRESS		
CITY ST ZIP	GREAT NECK NY 12021	44 CITY-ST-ZIP		
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	STANZIONE, BARBARA T	52 NAME		
STREET ADDRESS	60 CUTTER MILL ROAD - SUITE 212	53 STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK NY 12021	54 CITY-ST-ZIP		
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	SCHLOSSBERG, MORTON J	62 NAME		
STREET ADDRESS	60 CUTTER MILL ROAD -SUITE 212	63 STREET ADDRESS		
CITY ST ZIP	GREAT NECK NY 12021	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: _____ HARRIET GOLDING 3/14/95 516-487-0440
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0001788 OF