

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

APPROVED
AB

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Office of Public Information

DOCUMENT # **J39636**

(2)

ROSS REALTY REFERRALS, INC.

SEMI-ANNUAL
1995-1996

Principal Office Address: **2 S.BISCAYNE BLVD.,STE.1910 MIAMI FL 33131**
Mailing Address: **2 S.BISCAYNE BLVD.,STE.1910 MIAMI FL 33131**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Registered 10/24/1986		3a. Date of Last Report 01/27/1994	
4. FIC Number 65-0014035		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Exemption ☐		\$5.00 May Be Added to Fees	
7. Does corporation have federal tax and/or other privileges under U.S. 1993 Code? Florida Statutes: ☐ Yes ☒ No			
2. Principal Office Address 21 One Biscayne Tower Suite Apt # 1910 Suite 1910 City & State 22 Miami, FL 23 33131	2a. Mailing Address 26 One Biscayne Tower Suite Apt # 1910 Suite 1910 City & State 27 Miami, FL 28 33131	29. 30.	

9. Name and Address of Current Registered Agent SUITE 300, INC. 2 S.BISCAYNE BLVD.,STE.1910 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name Audrey H. Ross 82 Street Address (P.O. Box Number is Not Acceptable) One Biscayne Tower 83 Suite 1910 84 City FL 85 Zip Code	
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11. I, the undersigned, being duly sworn, depose and say that I am the duly authorized officer or agent of the corporation named herein, and that the foregoing information is true and correct to the best of my knowledge and belief. I declare under penalty of perjury that the foregoing is true and correct. Executed on this 1-30-95 day of January, 1995.

Audrey H. Ross 1-30-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL INFORMATION FOR OFFICERS AND DIRECTORS	
NAME	PD ROSS, AUDREY H. ONE BISCAYNE TOWER #1910 MIAMI FL	4.1	☐ Change ☐ Addition
NAME	D JACKSON, MELISSA L. ONE BISCAYNE TOWER SUITE 1910 MIAMI FL	4.2	☒ Change ☐ Addition DELETE
NAME	D ROSS, SUZANNE ONE BISCAYNE TOWER SUITE 1910 MIAMI FL 33131	4.3	☒ Change ☐ Addition DELETE
NAME		4.4	☐ Change ☐ Addition
NAME		4.5	☐ Change ☐ Addition
NAME		4.6	☐ Change ☐ Addition
NAME		4.7	☐ Change ☐ Addition
NAME		4.8	☐ Change ☐ Addition
NAME		4.9	☐ Change ☐ Addition
NAME		4.10	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied will, if filed, be accurate and complete, and that I am duly authorized to execute this report. I declare under penalty of perjury that the foregoing is true and correct. Executed on this 1-30-95 day of January, 1995.

SIGNATURE: *Audrey H. Ross* Audrey H. Ross 1-30-95