

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **J40668** (2)

1. Corporation Name:

BYRON CAPITAL CORP.

95 JUL 11 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

1451 W CYPRESS CREEK RD
STE 300
FORT LAUDERDALE FL 33309

Mailing Address:

1451 W CYPRESS CREEK RD
STE 300
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11/03/1986

3a. Date of Last Report

03/29/1994

4. FEI Number

59-2741537

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 been in compliance with Chapter 11, Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business:

21

State Apt # etc

22

City & State

23

24

2a. Mailing Address:

25

State Apt # etc

26

City & State

27

28

29

30

9. Name and Address of Current Registered Agent

BYRON, LESTER A., JR.
1451 W CYPRESS CRK
STE 300
FORT LAUDERDALE FL 33309

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 607.0507 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Agent, if different from corporation, and if different from agent, then agent's name)

(Signature of Registered Agent, if different from agent, then agent's name)

(Signature)

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PSD
BYRON, LESTER A., JR.
1451 W CYPRESS CRK, #300
FT LAUDERDALE FL

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VTD
BYRON, KELLY S
1451 W CYPRESS CRK, #300
FT LAUDERDALE FL

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(b)1, Florida Statutes. Further, I 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, or Block 13, if it appears, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelly Byron

5/7/95

305 928-7800