

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **J49170**

(0)

1. Corporation Name

FIRST-VEST CORP.

MAY 1 1995 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address
**245 N UNIVERSITY DR.
PEMBROKE PINES FL 33024**

Mailing Address
**245 N UNIVERSITY DR.
PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1986	3a. Date of Last Report 05/11/1994
4. FEI Number 59-2753036	Applied For ☐ Not Applicable
5. Certificate of Status Delivered ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. This corporation has directly or indirectly received contributions from any person or entity in violation of the Florida Statutes. ☐ Yes ☒ No	

2. Principal Office Address 21 245 N. University Dr	2a. Mailing Address 26
22	27
23 Pembroke Pines	28
24 33024	25 Broward

9. Name and Address of Current Registered Agent

**SANDOW, SIDNEY
245 N UNIVERSITY DR.
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number or Post Office)	
83	
84 City	FL 85 Zip Code

11. I, the undersigned, president of the corporation, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address shown in this statement. Such change was authorized by the corporation's board of directors. I hereby certify that the appointment is completed upon filing this statement with the Department of State, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	DP
NAME	SANDOW, SIDNEY A.
STREET ADDRESS	245 N UNIVERSITY DR.
CITY	PEMBROKE PINES FL
NAME	DS
NAME	BARBER, WILLIAM
STREET ADDRESS	473 HARBOR DRIVE NORTH
CITY	INDIAN ROCKS BCH. FL
NAME	
NAME	
STREET ADDRESS	
CITY	
NAME	
NAME	
STREET ADDRESS	
CITY	
NAME	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY	
4. NAME	
5. STREET ADDRESS	
6. CITY	
7. NAME	
8. STREET ADDRESS	
9. CITY	
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. NAME	
14. STREET ADDRESS	
15. CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the Florida Statutes. I further certify that the information only shown in this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect and it shall be the duty of the undersigned to file this report or supplemental annual report as required by the Florida Statutes, and that my corporation is in compliance with the Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sidney A. Sandow Pres.

5/1/95 305-961-5880