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

APPROVED AND FILED

[illegible] AM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J49170 (0)

1. Corporate Name
FIRST-VEST CORP.

Principal Place of Business
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 / Qualified: 12/29/1986
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business
21 241 N University DR
22 Suite, Apt. #, etc.
23 City & State: Pembroke Pines
24 33024 25 Broward

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 30

4. FEI Number: 59-2753036
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

Florida Statute ☐ Yes ☐ No

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 is Not Acceptable)
83
84 City FL 85 Zip Code

11. [illegible]

(SIGNATURE REQUIRED)

12. OFFICER AND DIRECTOR	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if any)
TITLE: DP NAME: SANDOW, SIDNEY A. STREET ADDRESS: 245 N UNIVERSITY DR. CITY-ST-ZIP: PEMBROKE PINES FL	☐ Change ☐ Addition
TITLE: DS NAME: BARBER, WILLIAM STREET ADDRESS: 473 HARBOR DRIVE NORTH CITY-ST-ZIP: INDIAN ROCKS BCH. FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on an attachment with an [illegible].

SIGNATURE: Sidney A. Sandow Pres. 5/1/95 305-961-5880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sidney A. Sandow Pres.

0098864 CP