# 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

DOCUMENT # **J54151** **(2)**

1. Corporate Name
**LLOYDS NECK CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 947 CLINT MOORE RD<br>BOCA RATON FL 33487 | 947 CLINT MOORE RD<br>BOCA RATON FL 33487 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 01/26/1987 | 3a. Date of Last Report: 06/02/1994 |
| 4. FEI Number: 59-2757108 | 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 | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / County<br>24 / 25 | Zip / County<br>29 / 30 |

**9. Name and Address of Current Registered Agent**

HIRSCHBERG, FEFFREY K.
947 CLINT MOORE RD
BOCA RATON FL 33487

**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 Section 607.0505 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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '0 | |
|---|---|---|---|
| TITLE | DV | 1 TITLE | ☐ Change ☐ Addition |
| NAME | HIRSCHBERG, JEFFREY | 2 NAME | |
| STREET ADDRESS | 947 CLINT MOORE RD | 3 STREET ADDRESS | |
| CITY ST ZIP | BOCA RATON FL | 4 CITY ST ZIP | |
| TITLE | | 5 TITLE | ☐ Change ☐ Addition |
| NAME | | 6 NAME | |
| STREET ADDRESS | | 7 STREET ADDRESS | |
| CITY ST ZIP | | 8 CITY ST ZIP | |
| TITLE | | 9 TITLE | ☐ Change ☐ Addition |
| NAME | | 10 NAME | |
| STREET ADDRESS | | 11 STREET ADDRESS | |
| CITY ST ZIP | | 12 CITY ST ZIP | |
| TITLE | | 13 TITLE | ☐ Change ☐ Addition |
| NAME | | 14 NAME | |
| STREET ADDRESS | | 15 STREET ADDRESS | |
| CITY ST ZIP | | 16 CITY ST ZIP | |
| TITLE | | 17 TITLE | ☐ Change ☐ Addition |
| NAME | | 18 NAME | |
| STREET ADDRESS | | 19 STREET ADDRESS | |
| CITY ST ZIP | | 20 CITY ST ZIP | |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY ST ZIP | | 24 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 above, or on an attachment with an address.

**SIGNATURE:** JEFFREY M. HIRSCHBERG 4.27.95 407 997 7555
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

027000 CP