

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:28

DOCUMENT # J65436

(4)

1. Corporation Name

CATHAY REALTY OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3433
TAMPA FL 33601

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TAMPA FL 33601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/30/1987

3a. Date of Last Report

07/29/1994

4. FEI Number

APPLIED FOR 59-3257914

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. 19c-032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, STEPHEN J ESQUIRE
ONE TAMPA CITY CENTER, S. 2100
201 NORTH FRANKLIN STREET
TAMPA FL 33602

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 607.0502 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DPT

NAME

FURZE, JOHN A

STREET ADDRESS

GOVERNORS HARBOUR

CITY- ST- ZIP

GRAND CAYMAN, B.W.I.

TITLE

DVS

NAME

COLLINS, JOHN A

STREET ADDRESS

PROSPECT

CITY- ST- ZIP

GRAND CAYMAN, B.W.I.

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(a), Florida Statutes; 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 it appears in Block 12 or Block 13 in changed, or on an attachment with an address.

I further
certify under
my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Furze

1-18-95

(809) 949-8655

(Date)

(Typed Name)