

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J74920 (6)

1. Corporation Name

B T S INVESTMENTS, INC.

Principal Place of Business

**1600 WISTERIA ST
W. PALM BCH. FL 33414
US**

Mailing Address

**1600 WISTERIA ST
W. PALM BCH. FL 33414
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/29/1987

3a. Date of Last Report

07/26/1994

4. FBI Number

59-2804500

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**

7. This corporation has liability for intangible tax under s. 199.022,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

**2701 Sunrise Lakes Dr.
Suite, Apt. #, etc.**

2a. Mailing Address

SAME

#307

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33322

Country

U.S.

Zip

33322

Country

U.S.

9. Name and Address of Current Registered Agent

**BOCK, HOWARD
1600 WISTERIA ST.
W. PALM BCH. FL 33414**

**2701 Sunrise Lakes Dr
#307
Sunrise, FL 33322**

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 607.0502 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

Howard S. Bock
Signature, typed or printed name of registered agent and title if applicable

Pres.
(NOTE: Registered Agent signature required when reinstating)

6/13/95
DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PSD
BOCK, HOWARD
5395 10TH FAIRWAY DR #1
DELRAY BCH FL**

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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)(b), 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 if changed, or on an attachment with an address.

SIGNATURE:

Howard S. Bock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/95
Date

305-572-7311
Daytime Phone #