

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT**

1996



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

DOCUMENT # J77568

(0)

95 AT 195 ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**7553 ADVENTURE AVE.
N. BAY VILLAGE FL 33141**

**7553 ADVENTURE AVE.
N. BAY VILLAGE FL 33141**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**FORMAN, SAMUEL S.
7553 ADVENTURE AVE.
N BAY VILLAGE FL 33141**

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 607.06(2) and 607.15(1), 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. The change complies with the requirements of Section 607.05(5), Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Agent

Date

12. OFFICERS AND DIRECTORS

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY, ST, ZIP

**D
FORMAN, SAMUEL S.
7553 ADVENTURE AVE.
N. BAY VILLAGE FL**

☐ DELETE

12.5 TITLE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY, ST, ZIP

☐ DELETE

12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY, ST, ZIP

☐ DELETE

12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY, ST, ZIP

☐ DELETE

12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY, ST, ZIP

☐ DELETE

12.21 TITLE
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP

☐ Change ☐ Addition

13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP

☐ Change ☐ Addition

13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP

☐ Change ☐ Addition

13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP

☐ Change ☐ Addition

13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST, ZIP

☐ Change ☐ Addition

13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied to this filing is true and correct and does not qualify for the exemption stated in Section 119.02(3)(c), Florida Statutes. I further certify that this information is being furnished to the Department of State for its use in the annual report and accounts and that my Signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation, or an agent or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and if my name appears in Block 12 or Block 13, I am changing or creating a legal address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel S. Forman
SAMUEL S. FORMAN

8/4/96

305-681-2222

CR2E034 (3/96)