

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 PM 9:36

DOCUMENT # J80854 (9)

1. Corporation Name

TOUCAN CORP.

Principal Place of Business

11535 NE 22ND DR.
N. MIAMI FL 33181

Mailing Address

11535 NE 22ND DR.
N. MIAMI FL 33181

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/29/1987

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

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29

30

4. FEI Number

59-2820000

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Finance and
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

a. This corporation has liability for intangible tax under s. 198.002,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RUDMAN, ALBERT
11535 NE 22ND DR.
N. MIAMI FL 33181

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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when mandating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PT
RUDMAN, ALBERT
11535 NE 22ND DR.
N. MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VS
RUDMAN, SHARON
11535 NE 22ND DR.
N. MIAMI 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

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

15

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

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31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

35

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

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51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

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61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

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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)(k), 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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Abe Rudman

6/4/95 305-893-3560