

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # J89469

(7)

95 MAR - 7 AM 11:47

1. Corporation Name

ANDY FRAIN SERVICES OF FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% JIM MCDONNELL
1000 LINCOLN ROAD MALL
MIAMI BEACH FL 33139

% JIM MCDONNELL
1000 LINCOLN ROAD MALL
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/26/1987

3a. Date of Last Report

06/01/1994

4. FEI Number

65-0006139

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 c/o Patricia McDonnell

26 c/o Patricia McDonnell

22 1000 Lincoln Road Mall

27 1000 Lincoln Road Mall

23 Miami Beach Florida

28 Miami Beach Florida

24 33139

29 33139

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONNELL, PATRICIA J.
1000 LINCOLN ROAD MALL
STE 220
MIAMI BEACH FL 33139

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 Patricia McDonnell Patricia McDonnell President

3/2/95

(Typed title, type of position of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCDONNELL, PATRICIA J.
STREET ADDRESS	1000 LINCOLN ROAD MALL
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	V
NAME	MANNE, LEON
STREET ADDRESS	1000 LINCOLN ROAD MALL
CITY-ST-ZIP	MIAMI BEACH FL
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Kroll, Linda
2.3 STREET ADDRESS	1000 Lincoln Road Mall
2.4 CITY-ST-ZIP	Miami Beach, Florida 33139
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	Bottfield, Bram
3.3 STREET ADDRESS	1000 Lincoln Road Mall
3.4 CITY-ST-ZIP	Miami Beach, Florida 33139
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	Manne, Leon
4.3 STREET ADDRESS	1000 Lincoln Road Mall
4.4 CITY-ST-ZIP	Miami Beach, Florida 33139
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	McDonnell, Patricia
5.3 STREET ADDRESS	1000 Lincoln Road Mall
5.4 CITY-ST-ZIP	Miami Beach, Florida 33139
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 Patricia McDonnell Patricia McDonnell 3/2/95 (305) 532-4818

(Signature and typed or printed name of signing officer or director)