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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 JAN 19 AM 9:38

DOCUMENT # K22317

(7)

1. Corporation Name

738 CORPORATION

Principal Place of Business

738 LOGGERHEAD ISLAND DR
SATELLITE BEACH FL 32937

Mailing Address

738 LOGGERHEAD ISLAND DR
SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1988

3a. Date of Last Report

02/21/1994

4. FEI Number

59-2902458

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under § 199.032,

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt # etc

Suite, Apt # etc

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KIRSCHNER, STANLEY M.
738 LOGGERHEAD ISLAND DR
SATELLITE BEACH FL 32937

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 his or her address

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

KIRSCHNER, STANLEY M.

STREET ADDRESS

738 LOGGERHEAD ISLAND DR

CITY - ST - ZIP

SATELLITE BCH FL

TITLE

D

NAME

KIRSCHNER, GREGORY

STREET ADDRESS

738 LOGGERHEAD ISLAND DR

CITY - ST - ZIP

SATELLITE BCH FL

TITLE

D

NAME

DECLAIRE, TIMOTHY

STREET ADDRESS

959 OSPREY DR

CITY - ST - ZIP

MELBOURNE FL

TITLE

D

NAME

DECLAIRE, TIMOTHY

STREET ADDRESS

959 OSPREY DR

CITY - ST - ZIP

MELBOURNE FL

TITLE

D

NAME

DECLAIRE, TIMOTHY

STREET ADDRESS

959 OSPREY DR

CITY - ST - ZIP

MELBOURNE FL

TITLE

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TITLE

D

NAME

DECLAIRE, TIMOTHY

STREET ADDRESS

959 OSPREY DR

CITY - ST - ZIP

MELBOURNE FL

TITLE

D

NAME

DECLAIRE, TIMOTHY

STREET ADDRESS

959 OSPREY DR

CITY - ST - ZIP

MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

KIRSCHNER, GREGORY
508 ISLAND COURT
INDIAN HARBOR BCH, FL 32937

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 199.032(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report or true and accurate and that my signature shall have the same legal effect as a digital signature code; 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:

Stanley Kirschner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STANLEY KIRSCHNER

1/14/95

407-773-4600