

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
1775 North Florida Avenue, Tallahassee, FL 32304

**APPROVED
AND
FILED**

95 MAY -1 AM 4:45

DOCUMENT # K23495

(0)

KENNETH J. LOPEZ, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: 1500 UNIVERSITY DRIVE
SUITE 208
CORAL SPRINGS FL 33071
Mailing Address: 1500 UNIVERSITY DRIVE
SUITE 208
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date incorporated (or 2 years) **05/10/1988** 3b. Date of Last Report **10/14/1994**

4. FET Number **65-0048838** 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. The corporation has liability for intangible tax under § 193.019 Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**LOPEZ, KENNETH J.
660 N.W. 101ST TERRACE
CORAL SPRINGS FL 33071**

81. Name
82. Street Address (P.O. Box Number is Not Applicable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.1505, 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

(If corporation, registered agent, or registered agent-in-fact, sign here)

(If registered agent, sign here; if registered agent-in-fact, sign here)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE	PD	1. TITLE	☐ Change ☐ Addition
NAME	LOPEZ, KENNETH J.	2. NAME	
STREET ADDRESS	660 N.W. 101ST TERRACE	3. STREET ADDRESS	
CITY, ST., ZIP	CORAL SPRINGS FL 33071	4. CITY, ST., ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST., ZIP		8. CITY, ST., ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST., ZIP		12. CITY, ST., ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST., ZIP		16. CITY, ST., ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST., ZIP		20. CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that the corporation is in compliance with the provisions of Sections 607.06(2) and 607.1505, Florida Statutes. I further certify that the information submitted 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 registered agent-in-fact of the corporation as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of a change or an addition form with an address.

SIGNATURE: *Kenneth J. Lopez* **KENNETH J. LOPEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 (305) 752-0641
TALLAHASSEE, FLORIDA