

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K38186

(8)

1. Corporation Name

MISS ISLAMORADA, INC.

Principal Place of Business

C/O NEIL M. SCHUSTER
407 LINCOLN ROAD, STE. 108
MIAMI BEACH FL 33139

Mailing Address

C/O NEIL M. SCHUSTER
407 LINCOLN ROAD, STE. 108
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/12/1988

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0090843

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

21 79851 Overseas Hwy
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box # 628
Suite, Apt. #, etc.

22 Mile Marker # 79.8
City & State

27
City & State

23 Islamorada, FL
Zip

28 Islamorada, FL
Zip

24 33036 25 USA
Country

29 33036 30 USA
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHUSTER, NEIL M.
FINANCIAL FEDERAL BLDG.
407 LINCOLN RD., STE. 108
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS
NAME	MITCHELL, GEORGE A.
STREET ADDRESS	5401 S.W. 84TH AVE.
CITY - ST - ZIP	MIAMI FL 33155
TITLE	DVT
NAME	STANCZYK, RICHARD
STREET ADDRESS	P.O. BOX 628 N/A
CITY - ST - ZIP	ISLAMORADA FL 33036
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	

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	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 119.07(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: *George A. Mitchell* George A. Mitchell, 4-25-95, 664-2461 (305)

PRINTED NAME AND TYPE OF FILING OFFICER OR DIRECTOR