

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L47941** (4)

To: Corporation Number

TIGRESS TRADING CO., INC.

APPROVED
AND
FILED
55 MAY -1 11 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **2510 SW 4TH AVE.
FT. LAUDERDALE FL 33315**
Mailing Address: **2510 SW 4TH AVE.
FT. LAUDERDALE FL 33315**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/29/1990**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0192665**
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**

7. This corporation has taken the responsible tax under S. 1103 (1997 Florida Statutes): ☐ Yes ☐ No

2. Principal Place of Incorporation: **21**
2a. Mailing Address: **26**
State, Apt. #, etc.: **22**
City & State: **23**
Country: **24**
Zip: **25**
City & State: **27**
Country: **28**
Zip: **29**
City & State: **30**

9. Name and Address of Current Registered Agent

**HOWARD J. MOFSEN, C.P.A., P.A.
6800 W. COMMERCIAL BLVD
SUITE 4
FORT LAUDERDALE FL 33319**

10. Name and Address of New Registered Agent

91 Name: **ROGER WILCOX**
92 Street Address (P.O. Box Number is Not Acceptable): **2510 SW 4 AVE.**
93 City: **FT. LAUD.** FL 95 Zip Code: **33315**

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 Sections 607.0505, Florida Statutes.

SIGNATURE: *Roger S. Wilcox* **5/1/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: D WILCOX, DIANE 2. STREET ADDRESS: 2510 SW 4TH AVE. 3. CITY, ST, ZIP: FT. LAUDERDALE FL	1.1 NAME: ☐ Change ☐ Addition 1.2 STREET ADDRESS: ☐ Change ☐ Addition 1.3 CITY, ST, ZIP: ☐ Change ☐ Addition
4. NAME: D WILCOX, ROGER 5. STREET ADDRESS: 2510 SW 4TH AVE. 6. CITY, ST, ZIP: FT. LAUDERDALE FL	4.1 NAME: ☐ Change ☐ Addition 4.2 STREET ADDRESS: ☐ Change ☐ Addition 4.3 CITY, ST, ZIP: ☐ Change ☐ Addition
7. NAME: ☐ Change ☐ Addition 8. STREET ADDRESS: ☐ Change ☐ Addition 9. CITY, ST, ZIP: ☐ Change ☐ Addition	7.1 NAME: ☐ Change ☐ Addition 7.2 STREET ADDRESS: ☐ Change ☐ Addition 7.3 CITY, ST, ZIP: ☐ Change ☐ Addition
10. NAME: ☐ Change ☐ Addition 11. STREET ADDRESS: ☐ Change ☐ Addition 12. CITY, ST, ZIP: ☐ Change ☐ Addition	10.1 NAME: ☐ Change ☐ Addition 10.2 STREET ADDRESS: ☐ Change ☐ Addition 10.3 CITY, ST, ZIP: ☐ Change ☐ Addition
13. NAME: ☐ Change ☐ Addition 14. STREET ADDRESS: ☐ Change ☐ Addition 15. CITY, ST, ZIP: ☐ Change ☐ Addition	13.1 NAME: ☐ Change ☐ Addition 13.2 STREET ADDRESS: ☐ Change ☐ Addition 13.3 CITY, ST, ZIP: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.112(4)(b), Florida Statutes. I further certify that the information is in whole or in part, untrue, false or fraudulent and/or is not 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 of the corporation and that I am authorized to execute this report as required by Chapter 119, Florida Statutes, and that my name appears in Block 12 or Block 13 or both, as applicable, in the filing.

SIGNATURE: *Roger S. Wilcox* **5/01/95** **305-462-0917**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR