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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:57

DOCUMENT # **K55247** **(6)**

1. Corporation Name
BISHOP SALES CO.

Principal Place of Business	Mailing Address
1205 N.E. 91ST TER MIAMI SHORES FL 33138	2670 NW 42 ST BOCA RATON FL 33434 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/03/1989	3a. Date of Last Report: 04/07/1994
4. FEI Number: 65-0162479	☐ 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 2670 NW 42 ST	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Boca RATON FLA	City & State 28
Zip 24 33434 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

AUSTIN, JOHN
1205 N.E. 91ST TER
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name: AUSTIN, John
82 Street Address (P.O. Box Number is Not Acceptable): 2670 NW 42 ST
83
84 City: Boca RATON FL 85 Zip Code: 33434

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVT	1.1 TITLE		☐ Change ☐ Addition
NAME	AUSTIN, JOHN	1.2 NAME		
STREET ADDRESS	1205 N.E. 91ST TER	1.3 STREET ADDRESS	2670 NW 42 ST	
CITY-ST-ZIP	MIAMI SHORES FL	1.4 CITY-ST-ZIP	Boca RATON FLA. 33434	
TITLE	DPS	2.1 TITLE		☐ Change ☐ Addition
NAME	AUSTIN, ELLYN	2.2 NAME		
STREET ADDRESS	1205 N.E. 91ST TER	2.3 STREET ADDRESS	2670 NW 42ST	
CITY-ST-ZIP	MIAMI SHORES FL	2.4 CITY-ST-ZIP	Boca RATON Fla 33434	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: John J Austin 3-2-95 407 224 1996
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED — Date — Daytime Phone #

0202656 CP