

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:09**

DOCUMENT # K80105 (5)

**1. Corporation Name
TUASR, CORP.**

**Principal Place of Business
3010 59TH AVE DR. EAST
BRADENTON FL 34203**

**Mailing Address
3010 59TH AVE DR. EAST
BRADENTON FL 34203**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/13/1989 3a. Date of Last Report 05/01/1994

4. FEI Number 65-0113864

**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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIRSCHNER, MICHAEL
3010 59TH AVE. DR. EAST
BRADENTON FL 34203**

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 D
NAME KIRSCHNER, MICHAEL
STREET ADDRESS 3010 59TH AVE. DR. E.
CITY - ST - ZIP BRADENTON FL 34203**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**TITLE D
NAME KIRSCHNER, MADELYN
STREET ADDRESS 3010 59TH AVE. DR. E.
CITY - ST - ZIP BRADENTON FL 34203**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**TITLE
NAME
STREET ADDRESS
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)(k), 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:

MICHAEL KIRSCHNER
Michael Kirschner Pres

3/31/95

(Signature / Name)