

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 AM 10: 33

DOCUMENT # K83004 (7)

**1. Corporation Name
SPRAY-NU INC.**

Principal Place of Business

**% DAVID STEIN
9500 NW 32ND COURT
SUNRISE FL 33351**

Mailing Address

**% DAVID STEIN
9500 NW 32ND COURT
SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/25/1989 3a. Date of Last Report 02/01/1994

4. FEI Number 65-0127648 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

**STEIN, DAVID
9500 NW 32ND COURT
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

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 registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE P
NAME STEIN, DAVID
STREET ADDRESS 9500 NW 32ND COURT
CITY- ST- ZIP SUNRISE FL**

**TITLE VP
NAME STEIN, LINDA
STREET ADDRESS 9500 NW 32 CT
CITY- ST- ZIP SUNRISE FL**

**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**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 110.07(3)(k), Florida Statutes. I further certify that the information reported 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, in or as an attachment with an address.

SIGNATURE:

DAVID STEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/95
Date

305-748-9679
Telephone Number