

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MARSHALL
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

30 MAY - 1 AM 5:41

DOCUMENT # K84237

(2)

1. Registered Agent

DANIEL L. SMITH, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

721 SE 17TH STREET CAUSEWAY
FT. LAUDERDALE FL 33316

Mailing Address

721 SE 17TH STREET CAUSEWAY
FT. LAUDERDALE FL 33316

DISTRICT WHERE IN THIS SPACE

3. Date Incorporated or Qualified
04/28/1989

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

4. FEI Number
65-0127072

Applied For
N/A Applicable

5. Certificate of Status Expires

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. This corporation has submitted the information required by Florida Statutes
☐ Yes ☒ No

2. Principal Place of Business

21. State of Incorporation

2a. Mailing Address

22. City & State

26. State of Incorporation

23. City & State

27. City & State

24. City & State

25. City & State

28. City & State

29. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUFFER, JOHN W III
101 E. KENNEDY BLVD.
TAMPA FL 66602

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits the statement for the purpose of changing its registered office as required by Chapter 689, Florida Statutes, and that such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not a director or officer of the corporation, and I am not a shareholder of the corporation.

Signature

Signature of the person accepting appointment as registered agent

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
SMITH, DANIEL L
2. STREET ADDRESS
5440 SHADY OAK LN
3. CITY & STATE
FT LAUD FL
4. NAME
5. STREET ADDRESS
6. CITY & STATE
7. NAME
8. STREET ADDRESS
9. CITY & STATE
10. NAME
11. STREET ADDRESS
12. CITY & STATE
13. NAME
14. STREET ADDRESS
15. CITY & STATE
16. NAME
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28. NAME
29. STREET ADDRESS
30. CITY & STATE

1. NAME
2. STREET ADDRESS
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25. NAME
26. STREET ADDRESS
27. CITY & STATE
28. NAME
29. STREET ADDRESS
30. CITY & STATE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(4)(f), Florida Statutes. I further certify that the information included 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 recorder or auditor empowered to execute this report as required by Chapter 689, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daniel L. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR

3/31/95

305-765-1006
Telephone Number