

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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # K87489 (6)

1. Corporation Name
CYRANO, INC.

Principal Place of Business Mailing Address

**48127 BISCAYNE BLVD. #108
NO MIAMI BEACH FL 33140-4467** **1814 NE MIAMI GARDENS DR. #1004
NO MIAMI BEACH FL 33137-1567**

3. Date Incorporated or Qualified: **05/11/1989** 3a. Date of Last Report: **01/25/1994**

4. FEI Number: **65-0119263** 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 **1814 NE Miami Gardens Dr.** 26 **1814 NE Miami Gardens Dr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **#1004** 27 **#1004**

City & State City & State

23 28

Zip Country Zip Country

24 **33179** 25 29 **33179** 30

9. Name and Address of Current Registered Agent

**DRUMHELLER, D.D.
18127 BISCAYNE BLVD.
SUITE 195
NO MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): **1814 NE MIAMI GARDENS DRIVE #1004**

83

84 City

85 Zip Code: **FL 33129**

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 reselecting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUMHELLER, DD THOMPSON	1.2 NAME	
STREET ADDRESS	18127 BISCAYNE BLVD	1.3 STREET ADDRESS	1814 NE MIAMI GARDENS DR. #1004
CITY - ST - ZIP	NO MIAMI BEACH FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVICO, VINCE	2.2 NAME	
STREET ADDRESS	18127 BISCAYNE BLVD	2.3 STREET ADDRESS	1814 NE MIAMI GARDEN DR. #1004
CITY - ST - ZIP	NO MIAMI BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: *DD Thompson Drumheller* Date: 4/17/95 Daytona Fee: 800 869 2994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytona Fee)