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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K89421 (7)

1. Corporation Name
ASSOCIATES/CERTIFIED REPORTING, INC.

Principal Place of Business

% SHARON M. HOLMES
110 S.E. 6TH ST., GROUND FLOOR
FT LAUDERDALE FL 33301

Mailing Address

% SHARON M. HOLMES
110 S.E. 6TH ST., GROUND FLOOR
FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

8. Name and Address of Current Registered Agent

HOLMES, SHARON M.
110 S.E. 6TH ST.
GROUND FLOOR
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified

05/19/1989

3a. Date of Last Report

05/26/1994

4. FEI Number

65-0127514

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

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 *Sharon M. Holmes, President*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when resigning)

DATE

4/22/95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

HOLMES, SHARON M.

STREET ADDRESS

110 S.E. 6 ST, GROUND FL

CITY - ST - ZIP

FT LAUDERDALE FL

TITLE

D

NAME

ELLIS, SHELA

STREET ADDRESS

110 S.E. 6 ST, GROUND FL

CITY - ST - ZIP

FT LAUDERDALE 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Sharon M. Holmes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHARON M. HOLMES

4/22/95 3057631382