

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

**APPROVED
AND
FILED**

05 MAY 20 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K92981 (5)

1. Corporation Name

TANQUERAY'S, INC.

Principal Place of Business

**540 NORTH HIGHWAY 434, SUITE #530
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**540 NORTH HIGHWAY 434, SUITE #530
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/05/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2953747

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 Chapter 218, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 100 S. Orange Ave

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

City & State

29

City

30

Country

24 **32801** 25 **USA**

9. Name and Address of Current Registered Agent

**MILLER, J. WAYNE
540 N. HWY 434, STE. 530
ALTAMONTE SPRINGS FL 32779**

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 607.01(2), and 607.15(8), Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this 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 this role as set forth in Chapter 607, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent in Charge)

(Signature of Registered Agent or Agent in Charge, when not stated)

11A

12. OFFICERS AND DIRECTORS 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP	1. NAME ☐ Change ☐ Addition 2. STREET ADDRESS 3. CITY & STATE 4. ZIP
5. NAME 6. STREET ADDRESS 7. CITY & STATE 8. ZIP	5. NAME ☐ Change ☐ Addition 6. STREET ADDRESS 7. CITY & STATE 8. ZIP
9. NAME 10. STREET ADDRESS 11. CITY & STATE 12. ZIP	9. NAME ☐ Change ☐ Addition 10. STREET ADDRESS 11. CITY & STATE 12. ZIP
13. NAME 14. STREET ADDRESS 15. CITY & STATE 16. ZIP	13. NAME ☐ Change ☐ Addition 14. STREET ADDRESS 15. CITY & STATE 16. ZIP
17. NAME 18. STREET ADDRESS 19. CITY & STATE 20. ZIP	17. NAME ☐ Change ☐ Addition 18. STREET ADDRESS 19. CITY & STATE 20. ZIP
21. NAME 22. STREET ADDRESS 23. CITY & STATE 24. ZIP	21. NAME ☐ Change ☐ Addition 22. STREET ADDRESS 23. CITY & STATE 24. ZIP
25. NAME 26. STREET ADDRESS 27. CITY & STATE 28. ZIP	25. NAME ☐ Change ☐ Addition 26. STREET ADDRESS 27. CITY & STATE 28. ZIP
29. NAME 30. STREET ADDRESS 31. CITY & STATE 32. ZIP	29. NAME ☐ Change ☐ Addition 30. STREET ADDRESS 31. CITY & STATE 32. ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it complies with the provisions stated in Sections 190.01(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or semi-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 this corporation or its parent or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

SIGNATURE

J. Wayne Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 407-869-1229

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

**APPROVED
AND
FILED**

05/16/95 11:17:23

RECEIVED
FEBRUARY 16 1995

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K93796 (6)
1. Corporation Name
KRIF COMPANY

Principal Place of Business: **1032 SE 13TH TERR
FORT LAUDERDALE FL 33316**
Mailing Address: **1032 SE 13TH TERR
FORT LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/08/1989** 3a. Date of Last Report: **05/31/1994**
4. FFI Number: **65-0139501** Approved 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. 191.03, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**GOENBERG, DON
1515 SE 17TH ST
BAY 119
FT LAUDERDALE FL 33316**

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:
86. State:
87. Country:
88. Zip:
89. City:
90. State:
91. Country:
92. Zip:
93. City:
94. State:
95. Country:
96. Zip:
97. City:
98. State:
99. Country:
100. Zip:

11. Pursuant to the provisions of Sections 191.03(1) and 191.03(2), 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 this appointment as registered agent. I am familiar with and accept the obligations of Sections 191.03(1) and 191.03(2), Florida Statutes.

SIGNATURE

Signature of Agent or Registered Agent or Director or Officer

Signature of Agent or Registered Agent or Director or Officer

Signature

12. OFFICERS AND DIRECTORS
12.1 NAME: **PSD GOENBERG, DON**
12.2 STREET ADDRESS: **1515 SE 17TH ST**
12.3 CITY: **FT LAUDERDALE FL**
12.4 NAME:
12.5 STREET ADDRESS:
12.6 CITY:
12.7 NAME:
12.8 STREET ADDRESS:
12.9 CITY:
12.10 NAME:
12.11 STREET ADDRESS:
12.12 CITY:
12.13 NAME:
12.14 STREET ADDRESS:
12.15 CITY:
12.16 NAME:
12.17 STREET ADDRESS:
12.18 CITY:
12.19 NAME:
12.20 STREET ADDRESS:
12.21 CITY:
12.22 NAME:
12.23 STREET ADDRESS:
12.24 CITY:
12.25 NAME:
12.26 STREET ADDRESS:
12.27 CITY:
12.28 NAME:
12.29 STREET ADDRESS:
12.30 CITY:

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 NAME: ☐ Change ☐ Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY:
13.5 NAME: ☐ Change ☐ Addition
13.6 NAME:
13.7 STREET ADDRESS:
13.8 CITY:
13.9 NAME: ☐ Change ☐ Addition
13.10 NAME:
13.11 STREET ADDRESS:
13.12 CITY:
13.13 NAME: ☐ Change ☐ Addition
13.14 NAME:
13.15 STREET ADDRESS:
13.16 CITY:
13.17 NAME: ☐ Change ☐ Addition
13.18 NAME:
13.19 STREET ADDRESS:
13.20 CITY:
13.21 NAME: ☐ Change ☐ Addition
13.22 NAME:
13.23 STREET ADDRESS:
13.24 CITY:
13.25 NAME: ☐ Change ☐ Addition
13.26 NAME:
13.27 STREET ADDRESS:
13.28 CITY:
13.29 NAME: ☐ Change ☐ Addition
13.30 NAME:
13.31 STREET ADDRESS:
13.32 CITY:

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 191.03(1)(b), Florida Statutes. I further certify that the information indicated on the 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 owner of 1% of the corporation or the owner of 1% of the corporation, and that my name appears on the corporation's books, records, or any other document with an address.

SIGNATURE:

SIGNATURE ATTACHED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/95 305 964 5370