FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL -7 AM 8:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K98224 (4)

1. Corporation Name
POLUR CAPITAL AND MANAGEMENT CO.

Principal Place of Business	Mailing Address
4910 LYFORD CAY RD. TAMPA FL 33629 US	P. O. BOX 18145 TAMPA FL 33679 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1989
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business
21: 14170 SPOONBILL LN
22: Suite, Apt. #, etc.
23: City & State: CLEARWATER FL
24: Zip: 34622
25: Country: Pinellas

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip: 34622
30: Country

4. FEI Number: 59-2057776 ☐ 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

9. Name and Address of Current Registered Agent

POLUR, LAWRENCE
4910 LYFORD CAY RD.
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number Is Not Acceptable): 14170 SPOONBILL LANE
83:
84 City: CLEARWATER FL 85 Zip Code: 34622

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	POLUR, LAWRENCE	1.2 NAME	
STREET ADDRESS	14170 SPOONBILL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	POLUR, SHARI	2.2 NAME	
STREET ADDRESS	4910 LYFORD CAY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	POLUR, LILA	3.2 NAME	
STREET ADDRESS	4910 LYFORD CAY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	POLUR, LAWRENCE	4.2 NAME	
STREET ADDRESS	14170 SPOONBILL LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 119.07(3)(i), 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: Lawrence Polur LAWRENCE POLUR (813) 572-7159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444296 FP