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

APPROVED AND FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02913** **(6)**

1. Corporate Name
FRAMINGDALES, INC.

Principal Place of Business
3017 EDGEWATER DR
ORLANDO FL 32804
US

Mailing Address
1011 SMITH STREET
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: **07/19/1989**

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

2. Principal Place of Business 21

2a. Mailing Address 26

4. FEI Number: **59-3041972** ☐ Applied For ☐ Not Applicable

Suite, Apt. # or Bldg. 22

Suite, Apt. # or Bldg. 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State 23

City & State 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

ZIP 24 County 25 ZIP 29 County 30

8. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes? ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SPANGRUDE, DAVID S
1011 SMITH STREET
ORLANDO FL 32804

10. Name and Address of New Registered Agent

91 Name

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

93

94 City **FL** 95 Zip Code

11. Pursuant to the provisions of Section 607.1007, 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 duties of Section 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	PD
Name	ANGEL, MICHAEL EMIL
Street Address	1011 SMITH STREET
City-St-Zip	ORLANDO FL
Title	STD
Name	SPANGRUDE, DAVID SHAUN
Street Address	1011 SMITH STREET
City-St-Zip	ORLANDO 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 '

1 Title	☐ Change ☐ Addition
1 Name	
1 Street Address	
1 City-St-Zip	
2 Title	☐ Change ☐ Addition
2 Name	
2 Street Address	
2 City-St-Zip	
3 Title	☐ Change ☐ Addition
3 Name	
3 Street Address	
3 City-St-Zip	
4 Title	☐ Change ☐ Addition
4 Name	
4 Street Address	
4 City-St-Zip	
5 Title	☐ Change ☐ Addition
5 Name	
5 Street Address	
5 City-St-Zip	
6 Title	☐ Change ☐ Addition
6 Name	
6 Street Address	
6 City-St-Zip	

14. I/We hereby certify that the information supplied with this filing is accurate and that such information complies with the applicable provisions of Florida Statutes. I/We further certify that the corporation named in this report or supplemental report is in existence 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 with an address.

SIGNATURE: Michael E. Angel MICHAEL E. ANGEL 5/1/95 (407)6499895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068063 CR