FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L18078** **(0)**

1. Corporation Name

CIRRUS CAPITAL CORPORATION OF FLORIDA

Principal Place of Business
950 SE 12 ST
HIALEAH FL 33010

Mailing Address
950 SE 12 ST
HIALEAH FL 33010

3. Date Incorporated or Qualified: 09/25/1989
3a. Date of Last Report: 05/31/1995
4. FEI Number: 65-0145013 — 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

9. Name and Address of Current Registered Agent

FINAZZO, NICOLAS
950 SE 12TH STRET
HIALEAH FL 33010

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

12. OFFICERS AND DIRECTORS

TITLE	DPC	☐ DELETE
NAME	BATCHELOR, GEORGE E.	
STREET ADDRESS	950 S.E. 12TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DS	☐ DELETE
NAME	BATCHELOR, ANNE O.	
STREET ADDRESS	950 S.E. 12TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	T	☐ DELETE
NAME	HIGGINS, JOHN J.	
STREET ADDRESS	950 S.E. 12TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	☐ DELETE
NAME	MESECHER, BOYD	
STREET ADDRESS	950 S.E. 12TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	AS	☐ DELETE
NAME	DAWSON, HUMPHREY	
STREET ADDRESS	950 SE 12TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VP	☐ DELETE
NAME	WALKER, RAYMOND S	
STREET ADDRESS	950 SE 12TH ST	
CITY-ST-ZIP	HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	BATCHELOR, MARIANNE	
1.3 STREET ADDRESS	950 SE 12 ST.	
1.4 CITY-ST-ZIP	HIALEAH FL. 33010	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	FERRARESI, DANIEL	
2.3 STREET ADDRESS	950 SE 12 ST	
2.4 CITY-ST-ZIP	HIALEAH, FL. 33010	
3.1 TITLE	V	☐ Change ☐ Addition
3.2 NAME	FINAZZO, NICOLAS	
3.3 STREET ADDRESS	950 SE 12 ST	
3.4 CITY-ST-ZIP	HIALEAH FL. 33010	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 changes, or on an attachment with an address.

SIGNATURE: Anne O. Batchelor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANNE O. BATCHELOR / SECRETARY

4-10-96 — Date
305 887-4500 — Daytime Phone #

CR2E034 (12/95)