

3-31-95 12-2853 mc
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**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 PM 3:42

DOCUMENT # L19290 (0)
1. Corporation Name
THE FORTRESS - FORT LAUDERDALE CORPORATION

Principal Place of Business
**1606 N.W. 23RD AVE.
FT. LAUDERDALE FL 33311
US**

Mailing Address
**1630 N.E. 1ST AVE.
MIAMI FL 33132
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/27/1989** 3a. Date of Last Report **05/01/1994**
4. FEI Number **52-1676179** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**SNYDER, WILLIAM
1630 NE 1ST AVE
MIAMI FL 33132**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVIS-THORNE, LADD M	1.2 NAME	
STREET ADDRESS	415 E ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA 02127	1.4 CITY - ST - ZIP	
TITLE	DPT	2.1 TITLE	☒ Change ☐ Addition
NAME	WENDELL, MAUREEN P	2.2 NAME	Levis, James N.
STREET ADDRESS	415 E ST	2.3 STREET ADDRESS	415 E STREET
CITY - ST - ZIP	BOSTON MA	2.4 CITY - ST - ZIP	BOSTON, MA 02127-1238
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	WENDELL, MAUREEN P	3.2 NAME	
STREET ADDRESS	415 E ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA 02127	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Maureen P. Wendell*
Signature AND