

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L30392 (9)**

1. Corporation Name

**CEN-MED REAL ESTATE, INC.**

Principal Place of Business

**4900 WEST HALLANDALE BEACH BLVD.  
SUITE B-7  
PEMBROKE PARK FL 33023**

Mailing Address

**17630 NE 9TH AVE  
SUITE B-7  
NMB FL 33162  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**11/14/1989**

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

2. Principal Place of Business

**21 17630 NE 9th Ave**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

**23 NMB, FL 33162**

27 City & State

**28**

24 Zip

**24 33162**

Country

**25 USA.**

29 Zip

**29**

Country

**30**

4. FEI Number

**59-3005406**

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 (32)  
Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

**CHUSID, HOWARD  
17630 N.E. 9TH AVE.  
N. MIAMI BEACH FL 33162**

**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 registering)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D  
CHUSID, HOWARD  
4900 W HALL BCH BLVD B-7  
PEMBROKE PARK FL 33023**

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**17630 NE 9th Ave  
NMB, FL 33162**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this form 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature 1 Item #