

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 14 AM 10:09

DOCUMENT # L33391

(8)

1. Corporation Name

NUMBER ONE OF SAINT PETERSBURG INCORPORATED

Principal Place of Business

2211 NE 44TH ST  
LIGHTHOUSE POINT FL 33064  
US

Mailing Address

2211 NE 44TH ST  
LIGHTHOUSE POINT FL 33064  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1989

3a. Date of Last Report

08/04/1994

4. FEI Number

59-2980943

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

7. This corporation has liability for intangible tax under s. 193 (199  
Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

21 FLORIDA

2a. Mailing Address

26 6805 WILLIAM WOOD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 5054

23 City & State

28 BOCA RATON FL 33434

24 City

Country

29 Zip

30 PALM BEACH

9. Name and Address of Current Registered Agent

PREMO, EDWIN T. I  
1100 BASS WOOD  
W PALM BEACH FL 33414

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 (Name) of printed name of registered agent and the corporation

(Name) Registered Agent Signature (Signature) (Signature)

(Date)

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PREMO, EDWIN T. JR.  
STREET ADDRESS 2211 N.E. 44TH ST  
CITY, ST, ZIP LIGHTHOUSE POINT 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

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

☐ Change ☐ Addition

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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)(b), 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:

*Edwin T. Premo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-95-467-852-0684  
Date Signature Number