

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:13

DOCUMENT # **L34654** (8)

1. Corporation Name

FL OF FT. PIERCE, INC.

Principal Place of Business

% RICHARD P. ZARETSKY
1655 PALM BEACH LAKES BLVD., STE. 900
W PALM BEACH FL 33401

Mailing Address

% RICHARD P. ZARETSKY
1655 PALM BEACH LAKES BLVD., STE. 900
W PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/07/1989

3a. Date of Last Report

06/28/1994

4. FEI Number

65-0180595

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ZARETSKY, RICHARD P.
1655 PALM BEACH LAKES BLVD.
SUITE 900
W. PALM BEACH FL 33401

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 of person making or preparing this statement and affixing it to this report.

DATE. This should appear legibly signed when recording.

DATE

12. OFFICERS AND DIRECTORS

NAME

DP
LEVIN, FANNY
99 POWER HOUSE RD.
ROSLYN HEIGHTS NY

NAME

S
LEVIN, JAMES
99 POWER HOUSE RD.
ROSLYN HEIGHTS NY

STREET ADDRESS

CITY, ST, ZIP

NAME

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

NAME

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change

☐

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

☐

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 110.07(2)(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. I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. LEVIN

3/15/95 (516) 484-5900
Date Signature