

# 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

APPROVED  
AND  
FILED

95 MAY -1 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

DOCUMENT # **L35259**

(5)

1. Corporation Name

**FLAGSHIP PROPERTIES, INC.**

Principal Place of Business

**1550 NW 96TH AVE  
MIAMI FL 33172**

Minority Address

**1550 NW 96TH AVE  
MIAMI FL 33172**

3. Date of Incorporation or Qualification **12/06/1989** 3a. Date of Last Report **03/29/1994**

4. FIC Number **65-0169708** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Finance and Trust Fund Contributions ☐ **\$5.00 May Be Added to Fees**

8. Does corporation have liability that disqualifies it under Chapter 607, Florida Statutes? ☒ Yes ☐ No

2. Principal Place of Business

DIR.

2a. Minority Address

21. **990 HUNTING LODGE DR.**

26. **990 HUNTING LODGE DR.**

22. Suite Apt. # etc.

27. Suite Apt. # etc.

23. City & State

28. City & State

23. **MIAMI SPRINGS, FL**

28. **MIAMI SPRINGS, FL**

24. ZIP Code

25. Country

29. ZIP Code

30. Country

24. **33166**

25. **USA**

29. **33166**

30. **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOONEY, MARGARET  
1550 NW 96TH AVE  
MIAMI FL 33172**

81. Name **MOONEY, MARGARET**

82. Street Address (P.O. Box Number is Not Acceptable) **990 HUNTING LODGE DR.**

83. City & State

84. City **MIAMI SPRINGS, FL**

85. ZIP Code **33166**

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, 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. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida and have no other registered office or agent in any other state.

SIGNATURE

*Margaret Mooney*

**MARGARET MOONEY**

**4/27/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO THE FIC AND FIC NUMBER

|                |                         |
|----------------|-------------------------|
| TYPE           | <b>DPT</b>              |
| NAME           | <b>MOONEY, MARGARET</b> |
| STREET ADDRESS | <b>1550 NW 96TH AVE</b> |
| CITY & STATE   | <b>MIAMI FL</b>         |
| TYPE           | <b>DV</b>               |
| NAME           | <b>MOONEY, NEIL B.</b>  |
| STREET ADDRESS | <b>1550 NW 96TH AVE</b> |
| CITY & STATE   | <b>MIAMI FL</b>         |
| TYPE           |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY & STATE   |                         |
| TYPE           |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY & STATE   |                         |
| TYPE           |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY & STATE   |                         |

|                |                                                                         |
|----------------|-------------------------------------------------------------------------|
| TYPE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                                                                         |
| STREET ADDRESS | <b>990 HUNTING LODGE DR.</b>                                            |
| CITY & STATE   | <b>MIAMI SPRINGS, FL 33166</b>                                          |
| TYPE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                                                                         |
| STREET ADDRESS | <b>990 HUNTING LODGE DR.</b>                                            |
| CITY & STATE   | <b>MIAMI SPRINGS, FL 33166</b>                                          |
| TYPE           | <input type="checkbox"/> Change <input type="checkbox"/> Add            |
| NAME           |                                                                         |
| STREET ADDRESS |                                                                         |
| CITY & STATE   |                                                                         |
| TYPE           | <input type="checkbox"/> Change <input type="checkbox"/> Add            |
| NAME           |                                                                         |
| STREET ADDRESS |                                                                         |
| CITY & STATE   |                                                                         |
| TYPE           | <input type="checkbox"/> Change <input type="checkbox"/> Add            |
| NAME           |                                                                         |
| STREET ADDRESS |                                                                         |
| CITY & STATE   |                                                                         |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01, 607.02, Florida Statutes. I further certify that the information made available on the 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 receive 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:

*Margaret Mooney*

**MARGARET MOONEY**

**4/27/95 (305) 871-0222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR