

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 3: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L49231** (8)  
1. Corporation Name  
**3850 CORPORATION**

Principal Place of Business      Mailing Address  
**3850 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064**      **3850 NORTH FEDERAL HIGHWAY  
LIGHTHOUSE POINT FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/12/1990</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0181871</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**GONZALEZ, ACEILO  
250 N.W. 42ND WAY  
DEERFIELD BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>CINGOLANI, RICHARD O.</b>
STREET ADDRESS	<b>2879 S. OCEAN BLVD.</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b>
NAME	<b>GONZALEZ, ACEILO J.</b>
STREET ADDRESS	<b>250 N.W. 42ND WAY</b>
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>NELSON, LAWRENCE E.</b>
STREET ADDRESS	<b>2291 N.E. 44TH ST.</b>
CITY - ST - ZIP	<b>LIGHTHOUSE POINT FL</b>
TITLE	<b>D</b>
NAME	<b>LITTLE, WILLIAM</b>
STREET ADDRESS	<b>4421 N.E. 25TH AVE.</b>
CITY - ST - ZIP	<b>LIGHTHOUSE POINT FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>no longer an officer</b>
1.3 STREET ADDRESS	<b>of this corporation (please delete)</b>
1.4 CITY - ST - ZIP	
2. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>p/s</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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: \_\_\_\_\_ DATE: **4-27-95** (305) 942-7206  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR