

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
BUREAU OF CORPORATIONS

**APPROVED
AND
FILED**

SE MAY -1 PM 11:47
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # L58559 (0)
1. Corporation Name
TORANNE CORP.

Principal Place of Business: **8177 W. GLADES RD. #5 BOCA RATON FL 33434**
Mailing Address: **8177 W. GLADES RD. #5 BOCA RATON FL 33434**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified: **03/20/1990** 3a. Date of Last Report: **05/01/1994**
4. FID Number: **65-0177839** Appointed 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 stated for information purposes under the Florida Statutes: ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**HARTMANN, JOHN E.
8177 W. GLADES ROAD, #5
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

B1. Name:
B2. Street Address (P.O. Box Number is Not Acceptable):
B3. City:
B4. State: **FL** B5. Zip Code:

11. Pursuant to the provisions of Sections 607.0104 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 further made and accept the responsibility as set forth in Section 607.1504, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of Corporation)

(Signature of Registered Agent or Secretary of Corporation)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY	
1. TITLE	VP	1. TITLE	☐ Change ☐ Addition
2. NAME	HARTMANN, JOHN E.	2. NAME	
3. STREET ADDRESS	1353 SW 28TH AVE	3. STREET ADDRESS	
4. CITY & STATE	DEERFIELD BCH FL	4. CITY & STATE	
5. TITLE	P	5. TITLE	☐ Change ☐ Addition
6. NAME	HARTMANN, MARLENE M.	6. NAME	
7. STREET ADDRESS	1353 SW 28TH AVE	7. STREET ADDRESS	
8. CITY & STATE	DEERFIELD BCH FL	8. CITY & STATE	
9. TITLE		9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. TITLE		13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	
17. TITLE		17. TITLE	☐ Change ☐ Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY & STATE		20. 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 Section 607.0104, Florida Statutes. I further certify that the information included on this document is not a supplement or amendment to any filing and is not a change of information and that my signature shall have the same legal effect as if made on the date that this filing is filed with the Department of State. I am further made and accept the responsibility as set forth in Section 607.1504, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document as a change of information as required by Chapter 607, Florida Statutes.

SIGNATURE:

John E. Hartmann
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN E. HARTMANN

4-26-95 407-487-9933