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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(8)

THOMAS R. SEDLEY, INC. Principal Place of Business Mailing Address 7210 VENETIAN ST 7210 VENETIAN ST MIRAMAR FL 33023 MIRAMAR FL 33023 3. Date Incorporated or Qualified 3a. Date of Last Report 06/22/1990 04/10/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0200129 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm ID}$ Country Zip Country 8. This corporation has liability for intang-ble tax under s. 199,032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEWIS, RICHARD C. 82 Street Address (P.O. Box Number is Not Acceptable) 799 BRICKELL PLAZA **SUITE 702** 83 **MIAMI FL 33131** 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. Thereby accept the appointment as registered agent. I am affiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE **PSD** DELETE 1.1 TITLE ☐ Change ☐ Addition NAME SEDLEY, THOMAS R. 1.2 NAME STREET ADDRESS 7210 VENETIAN ST 1.3 STREET ADDRESS MIRAMAR FL CITY-ST-ZIP 14 CHY-ST-ZIP THLE DELETE 2 111116 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CiTY - \$1 - ZIP TITLE DELETE 3 1 101 (8 ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3 4 C(TY - ST - Z(P TITLE DELETE 4 1 7:TLF ☐ Addition [] Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - S1 - ZIP 4.4 CITY - ST- ZIP TITLE DELETE 5 1 THILE Change Addition 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS C-TY-ST-ZiP 5 4 CITY - S1 - ZIP TrTLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. HOMAS R. SENLEY