

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 JUL 26 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M02770**
1. Corporation Name: **INVESTMENTS TEN INC.**

Principal Place of Business Mailing Address
**1136 S.E. 3RD AVENUE
FORT LAUDERDALE, FLORIDA 33316**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	26	3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		3a. Date of Last Report	
22	27	4. FEI Number	
City & State		59-2635628	
23	28	5. Certificate of Status Desired	
Zip		XX \$8.75 Additional Fee Required	
24	29	6. Election Campaign Financing	
Country		Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes		8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes	
☒ Yes ☐ No		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent
**BRUCE M. TYRRELL
1451 S.W. 18TH TERR.
FORT LAUDERDALE, FLORIDA 33312**

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

[Signature]

8611 Registered Agent signature required when registering

7-20-95

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/TREASURER	1.1 TITLE	☐ Change ☐ Addition
NAME	BRUCE M. TYRRELL	1.2 NAME	
STREET ADDRESS	1451 S.W. 18 TERR	1.3 STREET ADDRESS	
CITY, ST, ZIP	FT LAUD. FL. 33312	1.4 CITY, ST, ZIP	
TITLE	COLLEEN A. TYRRELL	2.1 TITLE	☐ Change ☐ Addition
NAME	VICE PRESIDENT/SECRETARY	2.2 NAME	
STREET ADDRESS	1451 S.W. 18 TERR	2.3 STREET ADDRESS	
CITY, ST, ZIP	FT LAUD. FL. 33312	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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(1)(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. 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:

[Signature]

7-20-95

DATE

Signature of Officer or Director