

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Serge & B. MANTON
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06259 (9)

1. Corporation Name
TECHNI PRO, INC.

Principal Place of Business
10400 15TH ST.
NORTH MIAMI BEACH FL 33162
US

Mailing Address
P.O. BOX 630090
N. MIAMI BEACH FL 33163

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/10/1984
3a. Date of Last Report 01/28/1994

4. FEI Number 59-2499718
Applied 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 152 N.E. 167TH STREET
22 Suite, Apt. #, etc.
23 MIAMI, FLORIDA
24 33162
25 DADE
26 Mailing Address
27 P.O. BOX 640495
28 MIAMI, FLORIDA
29 33164-0495
30 DADE

9. Name and Address of Current Registered Agent

FLORIDA CORPORATE SERVICES, INC.
777 BRICKELL PLAZA
SUITE 708
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name FLORIDA CORPORATE SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable) 800 BRICKELL AVENUE
83 SUITE 1100
84 City MIAMI FL 85 Zip Code 33131

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, typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MARGOLIS, HERBERT
STREET ADDRESS 3322 N.E. 166TH STREET
CITY - ST - ZIP NORTH MIAMI BEACH FL
TITLE SD
NAME MARGOLIS, ARLENE S.
STREET ADDRESS 3322 N.E. 166TH STREET
CITY - ST - ZIP NORTH MIAMI BEACH FL
TITLE VD
NAME MARGOLIS, MICHAEL C.
STREET ADDRESS 2639 N.E. 28TH COURT
CITY - ST - ZIP FT. LAUDERDALE FL
TITLE TD
NAME MARGOLIS, ARLENE
STREET ADDRESS 3322 N.E. 166TH STREET
CITY - ST - ZIP NORTH MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD MARGOLIS, HERBERT ☒ Change ☐ Addition
1.2 NAME PD BOX 640495
1.3 STREET ADDRESS MIAMI, FL 33164
1.4 CITY - ST - ZIP
2.1 TITLE SD MARGOLIS, ARLENE S. ☒ Change ☐ Addition
2.2 NAME PD BOX 640495
2.3 STREET ADDRESS MIAMI, FL 33164
2.4 CITY - ST - ZIP
3.1 TITLE VD MARGOLIS, MICHAEL C. ☒ Change ☐ Addition
3.2 NAME PD BOX 640495
3.3 STREET ADDRESS MIAMI, FL 33164
3.4 CITY - ST - ZIP
4.1 TITLE TD MARGOLIS, ARLENE ☒ Change ☐ Addition
4.2 NAME PD BOX 640495
4.3 STREET ADDRESS MIAMI, FL 33164
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ 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)(b), 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:

Arlene Margolis Corp Sec. 4-11-95 3057871470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Signature/Printed Name)