

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **M44222**

(1)

95 JAN 13 AM 10:08

1. Corporation Name

3054 S.W. 28TH LANE, INC.

Principal Place of Business

C/O JAMES S. PRICE
200 OCEAN LANE DR. APT. 1206
KEY BISCAYNE FL 33149

Mailing Address

C/O JAMES S. PRICE
200 OCEAN LANE DR. APT. 1206
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/30/1986

3a. Date of Last Report
02/07/1994

4. FEI Number
59-2752489

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 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRICE, JAMES S.
200 OCEAN LANE DR. APT. 1206
KEY BISCAYNE FL 33149

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PST
PRICE, JAMES S.
200 OCEAN LANE DR.
KEY BISCAYNE FL

12.2 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

12.3 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

12.4 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

12.5 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

12.6 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.2 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.3 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.4 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.5 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.6 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct for the information stated in Sections 199.032(1)(b) Florida Statutes. I further certify that the information included on this filing represents a supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the recorder or transfer agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2, Block 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

SIGNATURE: *James S. Price* JAMES S. PRICE 1/6/95 305 261 3638
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR