

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M72565** (8)

1. Corporation Name

54 NORTH CORP.



Principal Place of Business

% GARY E. HAKIMIAN
5415 FOURTH ST., NORTH
ST. PETERSBURG FL 33703

Mailing Address

% GARY E. HAKIMIAN
5415 FOURTH ST., NORTH
ST. PETERSBURG FL 33703

3. Date Incorporated or Qualified
03/18/1988

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKENNA, FRANCIS M.
360 8 AVE N
#7
TIERRA VERDE FL 33715

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 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

Francis M. McKenna

Signature, typed or printed name of registered agent and his, if applicable

(NOTE: Registered Agent Signature required when reappointing)

4-26-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D HAKIMIAN, GARY E.**
STREET ADDRESS **405 6TH AVENUE NORTH**
CITY- ST- ZIP **TIERRA VERDE FL**

TITLE ☐ DELETE
NAME **D HAKIMIAN, MAUREEN K.**
STREET ADDRESS **405 6TH AVENUE NORTH**
CITY- ST- ZIP **TIERRA VERDE FL**

TITLE ☐ DELETE
NAME **D MCKENNA, FRANCIS M.**
STREET ADDRESS **360 EIGHT AVE N. #7**
CITY- ST- ZIP **TIERRA VERDE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
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)(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, 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:

Francis M. McKenna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

DATE

813-525-5304

DAYTIME PHONE #

CR2E034 (12/95)