

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001484332
-05/11/95--01081--003
*****225.00 *****225.00

CORPORATION
ANNUAL REPORT

1994 1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M74613 (4)

1. Corporation Name

TOWN & COUNTRY 9760 CORPORATION

Mailing Address
6150 S.W. 79 TERR
MIAMI FL 33143

Principal Place of Business
6150 S.W. 79 TERR
MIAMI FL 33143

If above addresses are incorrect in any way line through incorrect information and enter correction below

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/31/1988		07/08/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0040882		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		6. Election Campaign	
23		28		\$8.75 Additional Fee Required ☐		Financing Trust	
Zip		Country		7. Nonprofit with IRS 501(c)(3)		Fund Contribution ☐	
24		25		Tax Exempt Status ☐		\$5.00 May Be	
						Added to Fees	
				8. This corporation has liability for filing annual report under S. 199.032.			
				Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

SELLEK JULIAN GARCIA
8150 SW 79TH TERR
MIAMI FL 33143

10. Name and Address of New Registered Agent

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P/S	1.1 TITLE		1.1 TITLE		1.1 TITLE	
1.2 NAME	SELLEK JULIAN GARCIA	1.2 NAME		1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS	8150 SW 79TH TERR	1.3 STREET ADDRESS		1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP	
2.1 TITLE	V/T	2.1 TITLE		2.1 TITLE		2.1 TITLE	
2.2 NAME	SELLEK KATHLEEN GARCIA	2.2 NAME		2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS	8150 SW 79 TERR	2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP	
3.1 TITLE		3.1 TITLE		3.1 TITLE		3.1 TITLE	
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3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
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4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE		5.1 TITLE		5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME		5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 TITLE		6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME		6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP		6.4 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(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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Julian Garcia Sellet JULIAN GARCIA SELLET 4/20/95
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 598-5799