

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

MAY -1 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M87218 (7)

1. Corporation Name:

S.R.P. ACQUISITIONS AND INVESTMENTS, INC.

Principal Place of Business:

**6300 LA COSTA DR.
APT. M
BOCA RATON FL 33433**

Mailing Address:

**6300 LA COSTA DR.
APT. M
BOCA RATON FL 33433**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified
06/22/1988

3a. Date of last report
04/28/1994

4. FEI Number

59-2897338

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 not only the intangible tax under Chapter 207, Florida Statutes, ☐ Yes ☒ No

2. Principal Place of Business:

21 State Apt. # etc.

2a. Mailing Address:

26 State Apt. # etc.

22 City & State

27 City & State

23 City & State

28 City & State

24 City & State

29 City & State

30 City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAI, SHAHNAZ
6300 LA COSTA DR
APT M
BOCA RATON FL 33433**

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, 608, and 609, 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 Sections 607, 608, Florida Statutes.

SIGNATURE

(Signature of person who is not a director or officer of the corporation)

(Signature of registered agent or registered agent in charge)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

NAME	PD
NAME	TAI, SHAHNAZ
STREET ADDRESS	6300 LA COSTA DR APT M
CITY, STATE, ZIP	BOCA RATON FL
NAME	ST
NAME	TAI, SHAHNAZ
STREET ADDRESS	6300 LA COSTA DR APT M
CITY, STATE, ZIP	BOCA RATON FL
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1. NAME	☐ Change ☐ Addition
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and checked and checked again for the corporation required by Sections 607, 608, Florida Statutes. I further certify that this information is included on this annual report or supplemental annual report of the corporation and is true and accurate and that my signature shall have the same legal effect for a change of name. I am a director or officer of the corporation or the registered agent or registered agent in charge of the corporation and I am required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 13 of this filing or on an amendment with an address.

SIGNATURE:

Shahnaiz TAI
SHAHNAZ TAI

(Signature and typed name of signing officer or director)

4/26/95 (407) 361-8103