

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96726 (8)

1. Corporation Name

FLORANADA WAREHOUSE AND STORAGE, INC.

Principal Place of Business

1100 NE 45TH ST
FT LAUDERDALE FL 33334

Mailing Address

1100 NE 45TH ST
FT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/31/1988

3a. Date of Last Report

02/01/1994

4. FEI Number

65-0072882

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.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

DEUSCHLE, BRIAN C.
DEUSCHLE & ASSOC, PA
888 SE 3RD AVE, SUITE 300
FT LAUDERDALE FL 33316

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, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

DEUSCHLE, JAY B.

STREET ADDRESS

100 S.W. 5TH CT.

CITY-ST-ZIP

POMPANO BEACH FL 33060

TITLE

VD

NAME

SHAMBURGER, JULIE DEUSCHLE

STREET ADDRESS

1241 OVERLOOK RD

CITY-ST-ZIP

TUSCALOOSA AL 35406

TITLE

SD

NAME

DEUSCHLE, JESSICA B

STREET ADDRESS

525 KIRK RD #105H

CITY-ST-ZIP

W PALM BEACH FL 33406

TITLE

TD

NAME

DEUSHULE, JEFFERY C

STREET ADDRESS

6926 SW 45TH AVE

CITY-ST-ZIP

GAINESVILLE FL 32608

TITLE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SHAMBURGER, JULIE DEUSCHLE

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

CECERE, JESSICA DEUSCHLE

7690 Woodland Creek Lane

Lake Worth, FL. 33467

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DEUSCHLE, JEFFERY C.

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(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 its 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 addition.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

DATE

OFFICER'S NAME