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 MAY -1 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M99468** **(4)**

1. Corporation Name

TECTON SOUTH SHORE PAYROLL, INC.

Principal Place of Business	Mailing Address
TWO SOUTH UNIVERSITY DR STE 325 PLANTATION FL 33324 US	TWO SOUTH UNIVERSITY DR STE 325 PLANTATION FL 33324 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/21/1988**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip / Country — 24 / 25 / 29 / 30

4. FEI Number: **58-1809298** ☐ 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

9. Name and Address of Current Registered Agent

FIRESTONE, GEORGE
TWO SOUTH UNIVERSITY DR
STE 325
PLANTATION FL 33324

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 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: (Typed or printed name of registered agent and title if agent is a corporation) (New Registered Agent signature required when applicable) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 Title	V	11 Title	XXXXXXXX DELETE	☐ Change ☒ Addition
12 Name	MILLARD, RICHARD P.	12 Name	XXXXXXXX DELETE	
13 Street Address	7461 CAMPO FLORIDA	13 Street Address	XXXXXXXX DELETE	
14 City St ZIP	BOCA RATON FL	14 City St ZIP	XXXXXXXX DELETE 33433	
21 Title	PCD	21 Title		☐ Change ☒ Addition
22 Name	FIRESTONE, GEORGE	22 Name		
23 Street Address	10414 BERMUDA DR	23 Street Address		
24 City St ZIP	COOPER CITY FL	24 City St ZIP	33026	
31 Title	STD	31 Title		☐ Change ☒ Addition
32 Name	FIRESTONE, NOLA A.	32 Name		
33 Street Address	10414 BERMUDA DRIVE	33 Street Address		
34 City St ZIP	COOPER CITY FL	34 City St ZIP	33026	
41 Title		41 Title		☐ Change ☐ Addition
42 Name		42 Name		
43 Street Address		43 Street Address		
44 City St ZIP		44 City St ZIP		
51 Title		51 Title		☐ Change ☐ Addition
52 Name		52 Name		
53 Street Address		53 Street Address		
54 City St ZIP		54 City St ZIP		
61 Title		61 Title		☐ Change ☐ Addition
62 Name		62 Name		
63 Street Address		63 Street Address		
64 City St ZIP		64 City St ZIP		

14. I 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)(i), 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 added to the report with an address.

SIGNATURE: [signature] CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95
Date

(305) 423-4100
Daytime Phone #

0251011 CP