

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:45

DOCUMENT # **N14950**

(2)

1. Corporation Name

**45TH STREET BUSINESS/INDUSTRIAL PARK MASTER ASSO
CIATION, INC.**

Principal Place of Business

Mailing Address

6400 N. ANDREWS AVENUE
4TH FLOOR
FT. LAUDERDALE FL 33309

6400 N. ANDREWS AVENUE
4TH FLOOR
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/16/1986

3a. Date of Last Report
01/25/1994

4. FEI Number
65-0000963

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAY GARDNER
6400 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309**

81 Name

Bryan Duke

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Stiles Corporation

83

6400 N Andrews Avenue

84

**City
Ft Lauderdale**

FL

85

**Zip Code
33309**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

Bryan Duke

Registered Agent

1/25/95

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GARDNER, RAYMOND
STREET ADDRESS	6400 N. ANDREWS AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VD
NAME	EAGON, DOUGLASS
STREET ADDRESS	6400 NORTH ANDREWS AVE.
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	SD
NAME	PERRY, DENNIS
STREET ADDRESS	6400 N. ANDREWS AVE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	President/D	☒ Change ☐ Addition
1.2 NAME	Douglas Eagon	
1.3 STREET ADDRESS	6400 N Andrews Avenue	
1.4 CITY-ST-ZIP	Ft Lauderdale, FL	
2.1 TITLE	Vice President/D	☒ Change ☐ Addition
2.2 NAME	Ken Simback	
2.3 STREET ADDRESS	6400 N Andrews Avenue	
2.4 CITY-ST-ZIP	Ft Lauderdale, FL	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Treasurer/D	☐ Change ☒ Addition
4.2 NAME	Terry Stiles	
4.3 STREET ADDRESS	6400 N Andrews Avenue	
4.4 CITY-ST-ZIP	Ft Lauderdale, FL	
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 118.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ken Simback

Vice President

1/25/95

305-776-9300

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(DATE)