

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$285)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

DOCUMENT # N93000003856 (2)

95 JUL 10 AM 9:39

1. Corporation Name

TOTAL ESCAPE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3281 KAPOT TERRACE
MIRAMAR FL 33025

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MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1993

3a. Date of Last Report

06/07/1994

4. FEI Number

65-0434219

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 100.032.

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYNCH, ROSEANNE N
300 SOUTH PINE ISLAND ROAD
SUITE 304
PLANTATION FL 33324

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 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LYNCH, ROSEANNE N
STREET ADDRESS 300 SOUTH PINE ISLAND ROAD #304
CITY-ST-ZIP PLANTATION FL 33324

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PDT
NAME DIKAS, SUSAN
STREET ADDRESS 3281 KAPOT TERR.
CITY-ST-ZIP MIRAMAR FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPS
NAME KREB, ELFIE
STREET ADDRESS 3021 N. OAKLAND PARK
CITY-ST-ZIP OAKLAND FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME DIKAS, SYLVESTER
STREET ADDRESS 3281 KAPOT TERR.
CITY-ST-ZIP MIRAMAR FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME WARD, JANET
STREET ADDRESS 308 NW 43RD ST.
CITY-ST-ZIP POMPANO BCH. FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SHEARN, REGINA
STREET ADDRESS 3000 NE 148 ST.
CITY-ST-ZIP N. MIAMI FL

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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

7/2/95 (305) 436-5929