

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

SECRET
TALLAHASSEE, FL

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

53 MAY 17 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32632** (2)

1. Corporation Name

SOUTH COUNTY ASSOCIATES, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**314 SOUTY COUNTY ROAD
PALM BEACH FL 33480**

Mailing Address
**314 SOUTY COUNTY ROAD
PALM BEACH FL 33480**

3. Date incorporated or Qualified **01/24/1991** 3a. Date of Last Report **05/20/1994**

4. FFI Number **01-0461233** 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. 190.032, Florida Statutes ☒ Yes ☐ No

2. Principal Officer or Officers

21. **21**

2a. Mailing Address

26. **26**

Suite Apt #, etc

Suite Apt #, etc

22. **22**

27. **27**

City & State

City & State

23. **23**

28. **28**

Zip

Country

Zip

Country

24. **24**

25. **25**

29. **29**

30. **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name

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

83. **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

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CP
NAME	PARELLA, JOHN
STREET ADDRESS	169 SEAVIEW AVE
CITY, ST, ZIP	PALM BEACH FL
TITLE	DT
NAME	ROSA, CYNTHIA M
STREET ADDRESS	237 BRAZILLIAN AVE
CITY, ST, ZIP	PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(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. 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 of this report, or on an attachment with an address.

SIGNATURE:

Cynthia Rosa

- CYNTHIA

ROSA, TEL: 5/4/95

407 655 5277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Agent