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05 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P32642** (1)

1. Corporation Name

TYLER ASPEN, INC.

Principal Place of Business

**1750 SOUTH YOUNG CIRCLE
SUITE 201
HOLLYWOOD FL 33020-6809**

Mailing Address

**1750 SOUTH YOUNG CIRCLE
SUITE 201
HOLLYWOOD FL 33020-6809**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/08/1991

3a. Date of Last Report
04/26/1994

4. FEI Number
65-0164283

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.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGLOTHLIN, DENNIS J., ESQ.
2090 RIVERWALK PLAZA
333 N. NEW RIVER DR. EAST
FT. LAUDERDALE FL 33301**

**727 NE 3rd AVE #101
FT. LAUDERDALE, FLA
33304**

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

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

NOTE: Registered Agent signature required when resigning

DATE

4/27/95

12. OFFICERS AND DIRECTORS

TITLE **PST**
NAME **DIBASE, ELIO ANTHONY**
STREET ADDRESS **1750 YOUNG CIRCLE, SUITE 201**
CITY - ST - ZIP **HOLLYWOOD FL**

TITLE **CD**
NAME **DIBASE, ELIO ANTHONY**
STREET ADDRESS **1750 YOUNG CIRCLE, SUITE 201**
CITY - ST - ZIP **HOLLYWOOD FL**

TITLE **D**
NAME **DIBASE, RALPH**
STREET ADDRESS **1750 YOUNG CIRCLE, SUITE 201**
CITY - ST - ZIP **HOLLYWOOD FL**

TITLE **D**
NAME **DIBASE, DOMINIC**
STREET ADDRESS **1750 YOUNG CIRCLE, SUITE 201**
CITY - ST - ZIP **HOLLYWOOD FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type)

(Signature) (Type)

4-27-95 305931-7221