

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35684

(0)

1. Corporation Name
ANTIBES, INC.

Principal Place of Business

1450 S DIXIE HWY
BOCA RATON FL 33432

Mailing Address

1450 S DIXIE HWY
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/24/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0264638

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

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITHER, ROBERT M., JR.
% WORRELL ENTERPRISES, INC.
1450 SOUTH DIXIE HWY.
BOCA RATON FL 33432

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WORRELL, THOMAS E., JR.
STREET ADDRESS	1450 S DIXIE HWY
CITY - ST - ZIP	BOCA RATON FL
TITLE	DV
NAME	FREAKLEY, EDWIN M.
STREET ADDRESS	1450 S DIXIE HWY
CITY - ST - ZIP	BOCA RATON FL
TITLE	DVT
NAME	SMITHER, ROBERT M., JR.
STREET ADDRESS	1450 S DIXIE HWY
CITY - ST - ZIP	BOCA RATON FL
TITLE	S
NAME	WORRELL, ODETTE A.
STREET ADDRESS	1450 S DIXIE HWY
CITY - ST - ZIP	BOCA RATON FL
TITLE	VAS
NAME	OLSEN, GUSAN
STREET ADDRESS	1450 S DIXIE HWY
CITY - ST - ZIP	BOCA RATON FL
TITLE	T
NAME	WINTZER, WILLIAM R
STREET ADDRESS	1450 S. DIXIE HWY
CITY - ST - ZIP	BOCA RATON FL

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

SIGNATURE:

William R. Wintzer

WILLIAM R. WINTZER

Date

4/18/95 (407) 338-5288

Secretary/President