

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P92000006210 (8)

1. Corporation Name:

ALLARDYCE ENTERPRISES, INC.

Principal Place of Business:

4214 S.W. 49TH COURT
FORT LAUDERDALE FL 33314

Mailing Address:

4214 S.W. 49TH COURT
FORT LAUDERDALE FL 33314

APPROVED
AND
FILED

95 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1992

3a. Date of Last Report

07/19/1994

4. FCI Number

65-0373599

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. Does corporation file annually for intangible tax under S. 199.03?
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business:

21

Suite Apt # etc.

22

City & State

23

City & State

24

City & State

2a. Mailing Address:

25

Suite Apt # etc.

26

City & State

27

City & State

28

City & State

29

City & State

30

City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLARDYCE, GINA M
4214 S.W. 49TH COURT
FORT LAUDERDALE FL 33314

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0508, Florida Statutes.

SIGNATURE

Signature of the Current Registered Agent (if different from above)

Signature of the New Registered Agent (if different from above)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ALLARDYCE, GINA M
STREET ADDRESS	4214 S.W. 49TH COURT
CITY, ST, ZIP	FORT LAUDERDALE FL 33314
TITLE	PVST
NAME	ALLARDYCE, GINA M
STREET ADDRESS	4214 S.W. 49TH COURT
CITY, ST, ZIP	FORT LAUDERDALE FL 33314
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
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.03(9)(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 this 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:

Gina Allardyce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 3/7/95

321-9317