

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000013328 (8)

1. Corporation Name

FINAL WORD, INC.

FILED

95 JUL -7 AM 9:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

5942 S. FLAMINGTO RD.
COOPER CITY FL 33330
US

Mailing Address

1965 SACRAMENTO
FT LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address	
21	9900 Stirling Road	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Suite 209	27	
City & State		City & State	
23	Cooper City, Florida	28	
24	33024	29	BROWARD
Country		Country	
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
02/19/1993	07/15/1994
4. FEI Number	Applied For
65-0394723	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	☐
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes	☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VESTAL, DONALD J
3440 HOLLYWOOD BLVD
SUITE 450
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE	D
NAME	FLEET, ELLEN L
STREET ADDRESS	1965 SACRAMENTO
CITY - ST - ZIP	FT LAUDERDALE FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. TITLE	
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. 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 on an attachment with an address.

SIGNATURE: Ellen L Fleet ELLEN L. Fleet 6/29/95 (305) 497-4449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR