

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000016515

1. Corporation Name

439 S. Florida Avenue Inc.

Principal Place of Business

Mailing Address

943 Clint Moore Rd
Boca Raton, FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3/4/1993	3a. Date of Last Report 1994
4. FEI Number 65-0393048	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	2a. Mailing Address
21 943 Clint Moore Rd	26 Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Boca Raton, FL	28 Same
Zip	Country
24 33487	25 Palm Bch
29 Same	30 Same

9. Name and Address of Current Registered Agent

Martin Heise
2857 NE 32 Street
Lighthouse Point, FL 33064

10. Name and Address of New Registered Agent

81 Name Martin Heise
82 Street Address (P.O. Box Number is Not Acceptable) 6749 NW 62nd Terrace
83
84 City Parkland
FL
85 Zip Code 33067

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature and printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

2-6-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	1.1 TITLE	☐ Change ☐ Addition
NAME	Martin P. Heise	1.2 NAME	200001420742
STREET ADDRESS	943 Clint Moore Road	1.3 STREET ADDRESS	-03/03/95--01051--015
CITY-ST-ZIP	Boca Raton, FL 33487	1.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 included 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 incorporator, trustee, or partner 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

2/6/95

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3-1-95