

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000025589 (1)

1. Corporation Name
201 A1A CORP.

Principal Place of Business
**201 S. ATLANTIC BLVD.
FT. LAUDERDALE FL 33316**

Mailing Address
**201 S. ATLANTIC BLVD.
FT. LAUDERDALE FL 33316**

**APPROVED
AND
FILED**

95 APR -4 AM 10:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/07/1983		3a. Date of Last Report 08/19/1994	
4. FEI Number 65-0400171		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 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
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9. Name and Address of Current Registered Agent
**MINIACI, DOMINICK F
821 EAST BROWARD BOULEVARD
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MORRISON, RON	1.2 NAME	
STREET ADDRESS	213 SOUTH ATLANTIC BOULEVARD	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	MINIACI, ALBERT J.	2.2 NAME	
STREET ADDRESS	1411 SOUTHWEST 31ST AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	MORRISON, SUSAN	3.2 NAME	
STREET ADDRESS	213 SOUTH ATLANTIC BOULEVARD	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL	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)(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 607, Florida Statutes; and that my name appears in Block 2 or Block 3 if changed, or on an attachment with an address.

SIGNATURE _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ (Indicate Month & Day)