

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

APPROVED
AND
FILED

05 MAY -1 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000035093 (2)

1. Corporation Name

THE ANDRUS GROUP INCORPORATED

Principal Place of Business

18181 NE 31ST CT
STE 2705
NO MIAMI BEACH FL 33160
US

Mailing Address

18181 NE 31ST CT
2705
NO MIAMI BEACH FL 33160
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1993

3a. Date of Last Report

04/20/1994

4. FCI Number

65-0410038

Applied For

Not Applicable

5. Certificate of Status Granted

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

First Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Has corporation ever received from any person or entity a contribution to its capital in excess of \$100,000?

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21. 796 Gloucester St.

State, Apt #, etc.

22.

City & State

23. Boca Raton, FL

24. 33487

25. USA

2a. Mailing Address

26. 796 Gloucester St

State, Apt #, etc.

27.

City & State

28. Boca Raton, FL

29. 33487

30. USA

9. Name and Address of Current Registered Agent

LIPSHY, BRIAN L
5601 COLLINS AVE
STE M-100
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81.

BRIAN L. LIPSHY

82. Street Address (P.O. Box Number is Not Authorized)

796 Gloucester St

83.

Boca Raton

84.

FL

85. Zip Code

33487

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by Chapter 400, Florida Statutes, and that the same has been filed with the Secretary of State.

SIGNATURE

Brian Louis LIPSHY

4-26-95

12.

OFFICER, DIRECTOR, OR SHAREHOLDER

NAME

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

CITY

STATE

ZIP CODE

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:

☐ Change ☐ Addition

NAME

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

CITY

STATE

ZIP CODE

14.

NAME

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

CITY

STATE

ZIP CODE

15.

NAME

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

CITY

STATE

ZIP CODE

16.

NAME

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE:

[Signature]

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Louis LIPSHY, Pres.

4-26-95 (407) 995-2296