

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

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000037847 (9)

1. Corporation Name

EXFOLE, INC.

Principal Place of Business

2427 N.W. 62ND ST.
BOCA RATON FL 33496

Mailing Address

2427 N.W. 62ND ST.
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1993

3a. Date of Last Report

02/14/1994

4. FEI Number

65-0413567

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 1801 CLINT MOORE RD

2a. Mailing Address

26 1801 CLINT MOORE RD

Suite, Apt. #, etc.

22 107

Suite, Apt. #, etc.

27 107

City & State

23 BOCA RATON, FLORIDA

City & State

28 BOCA RATON, FLORIDA

Zip

24 33487

Country

25 USA

Zip

29 33487

Country

30 USA

9. Name and Address of Current Registered Agent

RAPHAEL, VALERIE
2427 N.W. 62ND ST.
BOCA RATON FL 33496

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

(Signature, typed or printed name of registered agent, and title of agent)

(Signature, typed or printed name of new registered agent, and title of agent)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	RAPHAEL, VALERIE	2427 N.W. 62ND ST.	BOCA RATON FL 33496

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
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				☐	☐
				☐	☐

14. I hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Sections 199.032(3)(b), Florida Statutes. I further certify 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, as changed, or on an attachment with an address. VALERIE J. RAPHAEL

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature/Typed Name

4/3/95 407-241 9299