

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 5:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000044239 (0)**

1. Corporation Name

FIDINAM INVESTMENT CONSULTING (FLORIDA), INC.

Principal Place of Business

**8921 WEST ATLANTIC BLVD
510 RIVERSIDE DR.
SUITE S
CORAL SPRINGS FL 33071**

Mailing Address

**8921 WEST ATLANTIC BLVD
510 RIVERSIDE DR.
SUITE S
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0417679

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 **8921 West Atlantic Blvd.**

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26 **8921 West Atlantic Blvd.**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BEYER, DAVID A
C/O RUDNICK & WOLFE
101 E. KENNEDY BLVD. SUITE 2000
TAMPA FL 33602-5133**

10. Name and Address of New Registered Agent

81 Name

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

83

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 of Agent or Principal Officer of Registered Agent and the Principal Officer

Signature of Registered Agent (signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY, ST, ZIP

12.4 TITLE

12.5 NAME

12.6 STREET ADDRESS

12.7 CITY, ST, ZIP

12.8 TITLE

12.9 NAME

12.10 STREET ADDRESS

12.11 CITY, ST, ZIP

12.12 TITLE

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY, ST, ZIP

12.16 TITLE

12.17 NAME

12.18 STREET ADDRESS

12.19 CITY, ST, ZIP

12.20 TITLE

12.21 NAME

12.22 STREET ADDRESS

12.23 CITY, ST, ZIP

12.24 TITLE

12.25 NAME

12.26 STREET ADDRESS

12.27 CITY, ST, ZIP

12.28 TITLE

12.29 NAME

12.30 STREET ADDRESS

12.31 CITY, ST, ZIP

12.32 TITLE

12.33 NAME

12.34 STREET ADDRESS

12.35 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME

13.2 STREET ADDRESS

13.3 CITY, ST, ZIP

13.4 TITLE

13.5 NAME

13.6 STREET ADDRESS

13.7 CITY, ST, ZIP

13.8 TITLE

13.9 NAME

13.10 STREET ADDRESS

13.11 CITY, ST, ZIP

13.12 TITLE

13.13 NAME

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13.15 CITY, ST, ZIP

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13.27 CITY, ST, ZIP

13.28 TITLE

13.29 NAME

13.30 STREET ADDRESS

13.31 CITY, ST, ZIP

13.32 TITLE

13.33 NAME

13.34 STREET ADDRESS

13.35 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.07(4)(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 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael G. Tombari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/95

(713) 820-0747