

**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

DOCUMENT # **P93000048717 (1)**

1. Corporation Name  
**AZULADA, INC.**

Principal Place of Business  
**377 2ND STREET  
ATLANTIC BEACH FL 32233**

Mailing Address  
**377 2ND STREET  
ATLANTIC BEACH FL 32233**

**FILED**

95 JAN 23 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/03/1993** 3a. Date of Last Report **04/22/1994**

2. Principal Place of Business  
**21 922 South 1st St.**  
Suite, Apt. #, etc.  
**22 Jacksonville Beach, FL**  
City & State  
**23 Jacksonville Beach, FL**  
Zip Country  
**24 32250 25 USA**  
**26 922 South 1st St.**  
Suite, Apt. #, etc.  
**27 Jacksonville Beach, FL**  
City & State  
**28 Jacksonville Beach, FL**  
Zip Country  
**29 32250 30 USA**

4. FEI Number **59-3193514** 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

9. Name and Address of Current Registered Agent  
**CISSEL, WM L  
14719 PLUMMOSA DR  
SUITE 101  
JACKSONVILLE BCH FL 32250**

10. Name and Address of New Registered Agent  
**B1 Name**  
**B2 Street Address (P.O. Box Number is Not Acceptable)**  
**B3**  
**B4 City** **FL** **B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title required) (Print - Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>CISSEL, WILLIAM L</b>
STREET ADDRESS	<b>14719 PLUMMOSA DR.</b>
CITY - ST - ZIP	<b>JACKSONVILLE BEACH FL 32250</b>
TITLE	<b>D</b>
NAME	<b>CISSEL, STEPHEN R</b>
STREET ADDRESS	<b>204 CLATTERBRIDGE RD.</b>
CITY - ST - ZIP	<b>PONTE VEDRA BEACH FL 32082</b>
TITLE	<b>D</b>
NAME	<b>CISSEL, JUDITH R</b>
STREET ADDRESS	<b>377 2ND STREET</b>
CITY - ST - ZIP	<b>ATLANTIC BEACH FL 32233</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information submitted 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 in 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 12 or Block 13 of this report in accordance with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**WM. L. CISSEL**

Date: **1/18/95**  
**246-72-07**