

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P93000050194 (8)

1. Corporation Name

WARRIOR CORP.

95 MAY - 1 AM 9: 04

Principal Place of Business

**1250 MANOR DR
SINGER ISLAND FL 33404**

Mailing Address

**1250 MANOR DR
SINGER ISLAND FL 33404**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/09/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 195.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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9. Name and Address of Current Registered Agent

**FORELL, FRANK A
1250 MANOR DR
SINGER ISLAND FL 33404**

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 if applicable)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

111 TITLE
112 NAME
113 STREET ADDRESS
114 CITY - ST - ZIP

115 TITLE
116 NAME
117 STREET ADDRESS
118 CITY - ST - ZIP

119 TITLE
120 NAME
121 STREET ADDRESS
122 CITY - ST - ZIP

123 TITLE
124 NAME
125 STREET ADDRESS
126 CITY - ST - ZIP

127 TITLE
128 NAME
129 STREET ADDRESS
130 CITY - ST - ZIP

131 TITLE
132 NAME
133 STREET ADDRESS
134 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

141 TITLE ☐ Change ☐ Addition
142 NAME
143 STREET ADDRESS
144 CITY - ST - ZIP

145 TITLE ☐ Change ☐ Addition
146 NAME
147 STREET ADDRESS
148 CITY - ST - ZIP

149 TITLE ☐ Change ☐ Addition
150 NAME
151 STREET ADDRESS
152 CITY - ST - ZIP

153 TITLE ☐ Change ☐ Addition
154 NAME
155 STREET ADDRESS
156 CITY - ST - ZIP

157 TITLE ☐ Change ☐ Addition
158 NAME
159 STREET ADDRESS
160 CITY - ST - ZIP

161 TITLE ☐ Change ☐ Addition
162 NAME
163 STREET ADDRESS
164 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)(k), 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 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE:

Frank A. Forelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95
Date

407 8638634
Licenses/Fees \$