

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

REGISTRATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Division of Corporations

Corporate Services Bureau

1900 Bank of America Building
Tallahassee, Florida 32399-0001

DOCUMENT # **P93000059981 (9)**

TAZMANIAN DEVIL, INC.

APR 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8882 SW 57 CT
COOPER CITY FL 33328
US

8882 SW 57 CT
COOPER CITY FL 33328
US

3. Date of Report
08/25/1993

3a. Date of Report
04/22/1994

4. Filing Number
65-0433986

Applied For
☐ Not Applicable

5. Certificate of State Debenture
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

8. The undersigned hereby certifies that the information furnished herein is true and correct to the best of his/her knowledge and belief, and that the same is not in violation of any law, statute, or regulation of the State of Florida.

21. 2000 S. Dixie Highway

2a. Mailing Address
26. 2000 S. Dixie Highway

22. West Palm Beach, FL

27. City & State
28. West Palm Beach, FL

24. 33401 25. USA

29. 33401 30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DORFMAN, ANDREW
8882 SW 57 CT
COOPER CITY FL 33328

81. Name
82. Street Address (do not leave blank)
83.
84. City
85. State

FL

11. I, the undersigned, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same is not in violation of any law, statute, or regulation of the State of Florida. I further certify that the information furnished herein is not in violation of any law, statute, or regulation of the State of Florida.

12. OFFICER'S AND DIRECTOR'S

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

D
DORFMAN, ANDREW
8882 SW 57 CT
COOPER CITY FL

1. Name
2. Title
3. Address
4. City
5. State
6. ZIP Code
7. Date of Birth
8. Date of Appointment
9. Date of Termination
10. Date of Resignation
11. Date of Death
12. Date of Involuntary Removal
13. Date of Revocation
14. Date of Suspension
15. Date of Restoration
16. Date of Reinstatement
17. Date of Renewal
18. Date of Extension
19. Date of Renewal
20. Date of Extension

14. I, the undersigned, hereby certify that the information furnished with this filing is voluntarily furnished and is not in violation of any law, statute, or regulation of the State of Florida. I further certify that the information furnished herein is not in violation of any law, statute, or regulation of the State of Florida.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 17-95 (805) 474-8637

ORIGINAL FOR FILING

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