

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 20 1411:13

DOCUMENT # P93000062881 (6)

1. Corporation Name

FARERI INVESTMENTS, INC.

Principal Place of Business

11025 NW 19 MANOR
CORAL SPRINGS FL 33071

Mailing Address

11025 NW 19 MANOR
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0437746

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 1877 COLONIAL DRIVE

2a. Mailing Address

28 1877 COLONIAL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 CORAL SPRINGS, FLORIDA

City & State

28 CORAL SPRINGS, FLORIDA

Zip

24 33071

Country

25 USA

Zip

29 33071

Country

30 USA

9. Name and Address of Current Registered Agent

FARERI, ANTHONY
11025 NW 19 MANOR
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

82 1877 COLONIAL DRIVE

83

84 City CORAL SPRINGS

FL

85 Zip Code 33071

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 in printed name of registered agent and filed in application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FARERI, ANTHONY
STREET ADDRESS	11025 NW 19 MANOR
CITY, ST, ZIP	CORAL SPRINGS FL 33071
TITLE	D
NAME	FARERI, MICHELLE
STREET ADDRESS	11025 NW 19 MANOR
CITY, ST, ZIP	CORAL SPRINGS FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES, DELETIONS, AND DEPARTURES IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1877 COLONIAL DRIVE
1.4 CITY, ST, ZIP	CORAL SPRINGS, FL 33071
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	1877 COLONIAL DRIVE
2.4 CITY, ST, ZIP	CORAL SPRINGS, FL 33071
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(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 907, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with address.

SIGNATURE:

Anthony Fareri PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/95 (305) 340-2734
Date Telephone Number