

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:19

DOCUMENT # P93000069950 (2)

1. Corporation Name

C & F STRONG CORPORATION

Principal Place of Business

1820 NW 194TH STREET
MIAMI FL 33056

Mailing Address

1820 NW 194TH STREET
MIAMI FL 33056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1993

3a. Date of Last Report

06/16/1994

4. FEI Number

65-0447216

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

Suite, Apt. #, etc

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

STRONG, CLARENCE JR
1820 NW 194TH STREET
MIAMI FL 33056

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: Type in printed name of registered agent in block 9.

Signature: Type in printed name of registered agent in block 10.

Date

12. OFFICERS AND DIRECTORS

TITLE

PS

NAME

STRONG, CLARENCE JR

STREET ADDRESS

1820 NW 194TH STREET

CITY ST ZIP

MIAMI FL 33056

TITLE

VT

NAME

STRONG, FLORENCE F

STREET ADDRESS

1820 NW 194TH STREET

CITY ST ZIP

MIAMI FL 33056

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(a), 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, 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

Signature and typed name of signing officer or director

Signature and typed name of signing officer or director

5/25/95 305-621-7531
621-7531

0118347 CP