

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

**APPROVED
AND
FILED**

95 MAY -1 PM 11: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000070027 (6)

1. Corporation Name

DEERWOOD PLACE CORPORATION

Principal Place of Business

**12515 N. KENDALL DRIVE
SUITE 430
MIAMI FL 33183**

Mailing Address

**12515 N. KENDALL DRIVE
SUITE 430
MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/08/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0440540

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

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ROBERT P. GREENE
12515 N. KENDALL DRIVE, SUITE 430
MIAMI FL 33186**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Robert P. Greene
Signature (typed or printed name of registered agent and his if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **WILLIAM E. FRANKE**
STREET ADDRESS **12515 N. KENDALL DRIVE, SUITE 430**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE **VD**
NAME **GREENE, ROBERT P**
STREET ADDRESS **12515 NO. KENDALL DRIVE, SUITE 430**
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE **VD**
NAME **WEYGANDT, DAVID W**
STREET ADDRESS **12515 NORTH KENDALL DRIVE, SUITE 430**
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE **S**
NAME **DISHON, DIANE E**
STREET ADDRESS **12515 NP. KENDALL DRIVE SUITE 430**
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

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 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 as an attachment with an address.

SIGNATURE:

Diane E. Dishon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95

314-576-9600