

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:18

DOCUMENT # P93000074443 (1)

1. Corporation Name

WAGOR INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**9001 S.W. 178TH TERRACE
MIAMI FL 33157**

Mailing Address
**9001 S.W. 178TH TERRACE
MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or chartered
10/22/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0448876

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 Chapter 687, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24

25

28

30

9. Name and Address of Current Registered Agent

**HAMILTON, JOHN C
2900 MIDDLE STREET
MIAMI FL 33131**

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 607.0508, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

ATTEST

12. OFFICERS AND DIRECTORS

12a
NAME
STREET ADDRESS
CITY, ST, ZIP

**PS
WAGOR, FRANK B
9001 SW 178 TERR
MIAMI FL**

12b
NAME
STREET ADDRESS
CITY, ST, ZIP

**VPT
WAGOR, STELLA L
9001 SW 178 TERR
MIAMI FL**

12c
NAME
STREET ADDRESS
CITY, ST, ZIP

12d
NAME
STREET ADDRESS
CITY, ST, ZIP

12e
NAME
STREET ADDRESS
CITY, ST, ZIP

12f
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a
1. NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

13b
2. NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

13c
3. NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

13d
4. NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

13e
5. NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

13f
6. NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information included 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 B. Wagon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95

305-251-8749
(Telephone Number)