

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 APR -6 AM 10:10

DOCUMENT # P93000081473 (9)

1. Corporation Name

ARZEE INDUSTRIES, INC.

Principal Place of Business

% KLUGER, PERETZ, KAPLAN & BERLIN, P.A.
201 S DISCAYNE BLVD STE 1970
MIAMI FL 33131

Mailing Address

% KLUGER, PERETZ, KAPLAN & BERLIN, P.A.
201 S DISCAYNE BLVD STE 1970
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0452700

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 **595 E - 10th AVENUE**

2a. Mailing Address

26 **595 E - 10th AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **HALEAH FL**

City & State

28 **HALEAH FL**

Zip

24 **33010**

County

25 **Dade**

Zip

29 **33010**

Country

30 **9900**

9. Name and Address of Current Registered Agent

**ROBINSON JEFFREY
595 E 10TH AVENUE
HALEAH FL 33010**

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 typed or printed name of registered agent and new if applicable

NOTE: Registered Agent signature required when the change

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROBINSON JEFFREY
STREET ADDRESS	595 E 10TH AVE
CITY, ST, ZIP	HALEAH FL
TITLE	DVP
NAME	ZAMBITO STEVEN
STREET ADDRESS	595 E 10TH AVENUE
CITY, ST, ZIP	HALEAH FL
TITLE	DEVT
NAME	TAYLOR MICHAEL
STREET ADDRESS	595 E 10TH AVE
CITY, ST, ZIP	HALEAH FL
TITLE	AS
NAME	KNEAPLER CHARLES
STREET ADDRESS	595 E 10TH AVENUE
CITY, ST, ZIP	HALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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 noted 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 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:

Charles Kneapler

CHARLES KNEAPLER

3/27/95 305-688-8544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number