FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 10: 15

DOCUMENT # **P93000082759 (0)**

1. Corporation Name
POST ROAD FLORIDA, INC.

Principal Place of Business	Mailing Address
850 TRAFALGAR CT. STE 291 MAITLAND FL 32751 US	850 TRAFALGAR CT. STE 291 MAITLAND FL 32751 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/23/1993
3a. Date of Last Report: 08/17/1994

2. Principal Place of Business	21 Post Road Florida.	2a. Mailing Address	26 Post Road Florida, Inc.
Suite, Apt. #, etc.	22 Suite 180	Suite, Apt. #, etc.	27 Suite 180
City & State	23 Maitland, Fl	City & State	28 Maitland, Florida
Zip / Country	24 32751 / 25 Orange	Zip / Country	29 32751 / 30 Orange

4. FEI Number: 59-3225803 ☐ 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

9. Name and Address of Current Registered Agent

IZZO, ANTHONY F.
POST ROAD FL, INC.
850 TRAFALGAR CT. STE. 291
MAITLAND FL 32751

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 _____ DATE
Signature, typed or printed name of registered agent and the date applicable. (NOTE: Registered Agent signature required when revoking)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	IZZO, ANTHONY F.	12 NAME	
STREET ADDRESS	2150 POST ROAD, 5TH FL	13 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD CT	14 CITY-ST-ZIP	
TITLE	VPS	21 TITLE	☐ Change ☐ Addition
NAME	IZZO, KAREN	22 NAME	
STREET ADDRESS	2150 POST ROAD, 5TH FL	23 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD CT	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	MCKEE, M. LEN	32 NAME	
STREET ADDRESS	4828 ROCK SPRINGS RD.	33 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32714	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(i), 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 above or on an attachment with an address.

SIGNATURE: [signature] 2/2/95 407-660-1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042884 CP