

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 8:41

DOCUMENT # P93000088655 (4)

1. Corporation Name

FAMILY INVESTMENTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**153 PALMETTO PARK ROAD
SUITE 155
BOCA RATON FL 33432**

Mailing Address

**153 PALMETTO PARK ROAD
SUITE 155
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1993

3a. Date of Last Report

05/01/1994

4. FID Number

52-1657731

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**

7. This corporation has adopted the corporate law statute of 1983 (1993
Florida Statutes) ☐ Yes ☐ No

2. Principal Place of Business

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2a. Mailing Address

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State Apt # etc

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City & State

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State Apt # etc

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City & State

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City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 and 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 hereby authorized to accept the appointment of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent (if not the corporation's agent, then the agent's name)

Signature of Registered Agent (if not the corporation's agent, then the agent's name)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONAL NAMES OF OFFICERS AND DIRECTORS (If any)

NAME

**DP
PORPORO, V.
3780 14TH AVE STE 314
MARKHAM ON**

1. NAME

1. STREET ADDRESS

1. CITY, STATE

**21 Bendamere Crescent
Markham, ON L3P 6Y3**

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