

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MCKINLEY
GOVERNOR
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # P94000002858 (6)

STATEWIDE SALES, INC.

FILED
95 MAY -1 AM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4600 NW BOCA RATON BLVD.
BOCA RATON FL 33431

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BOCA RATON FL 33431

STATEWIDE SALES, INC.

3. Date of corporation (or partnership)

3a. Date of last report

01/12/1994

4. Filing fee

Applied fee

Not Applicable

65-0460487

5. Certificate of Status (Domestic)

☐

\$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 information tax under Fla. Stat. § 218.03?
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWITT, STUART
7310 W. MCNAB RD.
SUITE 207
TAMARAC FL 33321

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of the laws of the State of Florida, Florida Statutes, this duly organized 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 this appointment as registered agent. I am familiar with and accept the obligations of such position as set forth in Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE	ZIP
D JARVIS, RAYMOND	4600 NW BOCA RATON BLVD.	BOCA RATON	FL	33431
NAME	STREET ADDRESS	CITY <td>STATE</td> <td>ZIP</td>	STATE	ZIP
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NAME	STREET ADDRESS	CITY <td>STATE</td> <td>ZIP</td>	STATE	ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IF ANY

NAME	STREET ADDRESS	CITY	STATE	ZIP
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NAME	STREET ADDRESS	CITY <td>STATE</td> <td>ZIP</td>	STATE	ZIP

14. I hereby certify that the information supplied with this filing is a true and correct copy of the information required by the laws of the State of Florida, Florida Statutes. I further certify that the information submitted in this annual report is a true and correct copy of the information required by the laws of the State of Florida, Florida Statutes. I am familiar with and accept the obligations of such position as set forth in Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President
RAYMOND R. JARVIS

4/25/95 361-0404