

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:42

DOCUMENT # P94000003053 (3)

1. Corporation Name

TEQUESTA CONSULTING SERVICES, INC.

Principal Place of Business

100 W CYPRESS CREEK RD
TRADE CENTRE SOUTH #800
FT LAUDERDALE FL 33309

Mailing Address

100 W CYPRESS CREEK RD
TRADE CENTRE SOUTH #800
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1994

3a. Date of Last Report

4. FET Number

65-0468546

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. 193.032
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1056 CREEK FORD DRIVE

2a. Mailing Address

26 1056 CREEK FORD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 FT. LAUDERDALE, FL

City & State

28 FT. LAUDERDALE, FL

Zip

Country

24 33326

25 USA

Zip

Country

29 33326

30 USA

9. Name and Address of Current Registered Agent

COOPER, GARY
100 W CYPRESS CREEK RD
SUITE 800
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

NEAL Simmons

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

7110 N.W. 4TH AVE

83

84 City

BOCA RATON, FL

FL

85 Zip Code

33487

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 607.0503, Florida Statutes.

SIGNATURE

Neal Simmons

6/20/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOPER, GARY
STREET ADDRESS	100 W CYPRESS CREEK RD TRADE CTR 6 #800
CITY, ST, ZIP	FT LAUDERDALE FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P.D.	☒ Change ☐ Addition
2. NAME	Lori Gordon	
3. STREET ADDRESS	1056 CREEK FORD DRIVE	
4. CITY, ST, ZIP	FT. LAUDERDALE, FL 33326	
5. TITLE	VP, D	☐ Change ☒ Addition
6. NAME	MORRIS GORDON	
7. STREET ADDRESS	1056 CREEK FORD DRIVE	
8. CITY, ST, ZIP	FT. LAUDERDALE, FL 33326	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and claim and qualify for the exemptions stated in Sections 190.01(2)(a), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature does have the same legal effect as if made under oath. That I am an officer or director of the corporation or the holder of a position responsible to make this report as required by Chapter 190, Florida Statutes, and that my name appears in the book of records of the corporation or the holder of a position responsible to make this report as required by Chapter 190, Florida Statutes.

SIGNATURE:

J. A. Gordon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/95

407-997-2463