

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Garcia B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 21 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000009297 (0)

1. Corporation Name

FL FENDER TRIM, INC.

EXPIRY DATE OF THIS REPORT

3. Date of Incorporation or Qualification

3a. Date of Last Report

02/04/1994

4. FET Number

Applied For

Not Required

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 11-1294 (2)(a)
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21. 4340 C Fortune Place

25. 4340 C Fortune Place

59-3222053

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. W. Melbourne, FL

28. W. Melbourne, FL

Zip

Country

Zip

Country

24. 32904

25. USA

29. 32904

30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WENDOVER, ROBERT J
812 COCHRAN ROAD S.E.
PALM BAY FL 32909

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Robert J. Wendover

3/17/95

Signature of person or officer of corporation authorized to execute this statement

NOTE: Registered Agent for corporation must be a resident of Florida

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
President	Robert J. Wendover	812 Cochran Rd. SE	Palm Bay, FL 32909
Secy.	Georgette M. Wendover	812 Cochran Rd. SE	Palm Bay, FL 32909
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
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

14. NAME	15. STREET ADDRESS	16. CITY, ST, ZIP
17. NAME	18. STREET ADDRESS	19. CITY, ST, ZIP
20. NAME	21. STREET ADDRESS	22. CITY, ST, ZIP
23. NAME	24. STREET ADDRESS	25. CITY, ST, ZIP
26. NAME	27. STREET ADDRESS	28. CITY, ST, ZIP
29. NAME	30. STREET ADDRESS	31. CITY, ST, ZIP
32. NAME	33. STREET ADDRESS	34. CITY, ST, ZIP
35. NAME	36. STREET ADDRESS	37. CITY, ST, ZIP
38. NAME	39. STREET ADDRESS	40. CITY, ST, ZIP
41. NAME	42. STREET ADDRESS	43. CITY, ST, ZIP
44. NAME	45. STREET ADDRESS	46. CITY, ST, ZIP
47. NAME	48. STREET ADDRESS	49. CITY, ST, ZIP
50. NAME	51. STREET ADDRESS	52. CITY, ST, ZIP
53. NAME	54. STREET ADDRESS	55. CITY, ST, ZIP
56. NAME	57. STREET ADDRESS	58. CITY, ST, ZIP
59. NAME	60. STREET ADDRESS	61. CITY, ST, ZIP
62. NAME	63. STREET ADDRESS	64. CITY, ST, ZIP
65. NAME	66. STREET ADDRESS	67. CITY, ST, ZIP
68. NAME	69. STREET ADDRESS	70. CITY, ST, ZIP
71. NAME	72. STREET ADDRESS	73. CITY, ST, ZIP
74. NAME	75. STREET ADDRESS	76. CITY, ST, ZIP
77. NAME	78. STREET ADDRESS	79. CITY, ST, ZIP
80. NAME	81. STREET ADDRESS	82. CITY, ST, ZIP
83. NAME	84. STREET ADDRESS	85. CITY, ST, ZIP
86. NAME	87. STREET ADDRESS	88. CITY, ST, ZIP
89. NAME	90. STREET ADDRESS	91. CITY, ST, ZIP
92. NAME	93. STREET ADDRESS	94. CITY, ST, ZIP
95. NAME	96. STREET ADDRESS	97. CITY, ST, ZIP
98. NAME	99. STREET ADDRESS	100. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I have not supplied for this corporation stated in Section 607.0502, 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 serve the same purpose as if I were a resident of this state. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Georgette M. Wendover

SIGNATURE AND NUMBER ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/95

407-726-9074

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000009317 (6)**

1. Corporation Name

TAPES INTERNATIONAL CORPORATION

Principal Place of Business

785 W. 83RD STREET
HALEAH FL 33014

Mailing Address

785 W. 83RD STREET
HALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1994

3a. Date of Last Report

4. FEI Number

65-0465724

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 § 198.132, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERRIOS, DANIEL
785 W. 83RD STREET
HALEAH FL 33014

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 of 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 title if applicable)

By: (Registered Agent signature required after verification)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BERRIOS, DANIEL
STREET ADDRESS	785 W. 83RD STREET
CITY- ST- ZIP	HALEAH FL 33014
TITLE	D
NAME	OLIVERAS, EDDY
STREET ADDRESS	785 W. 83RD STREET
CITY- ST- ZIP	HALEAH FL 33014
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	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 198.07(4)(b), Florida Statutes. I further certify that the information indicated on the 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 198, Florida Statutes, and that my name appears in Block 12 or Block 13 if applicable.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEPOSITED BY BANK

3.23.95