

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

04 JAN 15 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013619

1. Entity Name
1555 TYLER CORP.



Principal Place of Business
1100 N. E. FIRST COURT
HALLANDALE, FL 33009

Mailing Address
1100 N. E. FIRST COURT
HALLANDALE, FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0493354

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKS, JOSEPH
1100 N. E. FIRST COURT
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARKS, JOSEPH
1100 N. E. FIRST COURT
HALLANDALE, FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOOD, HELEN
1100 N. E. FIRST COURT
HALLANDALE, FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300027489803
01/23/04--01015--015 ***150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

See attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Document Number

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Business Entity Name

1555 TYLER CORP.

FEI Number

650493354

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes

No

\$8.75 each

Principal Place of Business

Address

1100 N. E. FIRST COURT

Suite, Apt. #, etc.

City, State

HALLANDALE

FL

Zip Code & Country

33009

Mailing Address

Address

1100 N. E. FIRST COURT

Suite, Apt. #, etc.

City, State

HALLANDALE

FL

Zip Code & Country

33009

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

MARKS

JOSEPH

-or- RA Business Name

Address

1100 N. E. FIRST COURT

Suite, Apt. #, etc.

City, State

HALLANDALE

FL

Zip Code & Country

33009

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

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Division of Corporations

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Document Number

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Business Entity Name

1555 TYLER CORP.

Election Campaign Financing Trust Fund Contribution Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address

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City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>

List more than six Officers/Directors / **No additional Officers/Directors to list**

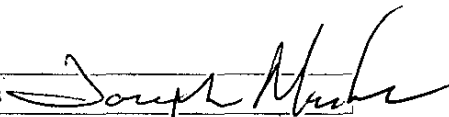
An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

D

Officer/Director Signature

Joseph Marks

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