

**CORPORATION
ANNUAL REPORT
1995**

Florida Department of
Revenue & Finance
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:35

DOCUMENT # P94000017455 (4)

1. Corporation Name
3D PROPERTIES & INVESTMENTS, INC.

Principal Place of Business
**3745 N.E. 171ST
SUITE 42
NORTH MIAMI BEACH FL 33160**

Mailing Address
**3745 N.E. 171ST
SUITE 42
NORTH MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/28/1994** 3a. Date of Last Report

4. FCI Number **65-047-5560** 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 F.S. 199.03?
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 State Apt. #, etc. 22 City & State
23 City & State
24 Zip Country 25 Zip Country

9. Name and Address of Current Registered Agent

**MCCLAIN, DAVID
3200 N OCEAN DR
SUITE 505
HOLLYWOOD FL 33019**

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 607.0507 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 607.0508, Florida Statutes.

SIGNATURE *David McClain, David McClain, President* 4-28-95
Typed Name of Registered Agent and Title

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MCCLAIN, DAVID**
STREET ADDRESS **3200 N OCEAN DR SUITE 505**
CITY, ST, ZIP **HOLLYWOOD FL 33019**

TITLE **D**
NAME **WHEELER, TIM**
STREET ADDRESS **3200 N OCEAN DR SUITE 505**
CITY, ST, ZIP **HOLLYWOOD FL 33019**

TITLE **D**
NAME **DUVALL, MARTY**
STREET ADDRESS **3200 N OCEAN DR SUITE 505**
CITY, ST, ZIP **HOLLYWOOD FL 33019**

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

11 TITLE ☒ Change ☐ Addition
12 NAME **MCCLAIN, DAVID**
13 STREET ADDRESS **3745 NE 171 St Suite 42**
14 CITY, ST, ZIP **North Miami Beach, FL 33160**

21 TITLE ☒ Change ☐ Addition
22 NAME **Wheeler, Tim**
23 STREET ADDRESS **3745 NE 171 St Suite 42**
24 CITY, ST, ZIP **North Miami Beach, FL 33160**

31 TITLE ☒ Change ☐ Addition
32 NAME **Duvall, Marty**
33 STREET ADDRESS **3745 NE 171 St Apt 42**
34 CITY, ST, ZIP **North Miami Beach, 33160**

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 119.07(1)(a), 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 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 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attached sheet with an address.

SIGNATURE:

David McClain, David McClain
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR