FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021471 (5)

1. Entity Name
FEMA VENTURES, INC.

Principal Place of Business
500 E. SEMORAN BLVD.
CASSLEBERRY FL 32707

Mailing Address
~~400 HOSPITAL LANE~~
~~TERRE HAUTE IN 47803~~
500 E SEMORAN BLVD
STE 14
CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report:

2. Principal Place of Business
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2a. Mailing Address
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4. FEI Number: 59-3230191
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. Does corporation have liability for unemployment tax under S. 199.032, Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 section 607.1007, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. The above named entity is duly authorized to do business in the state of Florida. I am familiar with and accept the duties of registered agent. I am familiar with and accept the duties of registered agent.

SIGNATURE

12. Officer/Director Name(s) & Address

P
CACDAC, MANUEL A
500 E. SEMORAN BLVD.
CASSLEBERRY FL 32707

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.1622, Florida Statutes. I further certify that I am familiar with and authorized to sign the annual report or supplemental annual report on behalf of the corporation 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 the report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

3/30/94
Date

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