

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
DEPT. OF CORPORATIONS

DOCUMENT # **P94000031497 (8)**

95 MAY -1 PM 2:06

FERDINANDO INTERNATIONAL ENTERPRISES, INC.

Principal Office Address: **5401 S KIRKMAN RD
SUITE 500
ORLANDO FL 32819**

Mailing Address: **5401 S KIRKMAN RD
SUITE 500
ORLANDO FL 32819**

Initial Filing Date: **04/26/1994**

2. Principal Office Address	26. Mailing Address	3. Date of Incorporation	3a. Date of Last Report
21. State: April 1994	26. State: April 1994	04/26/1994	
22. City & State	27. City & State	4. FIC Number	Applied For
23. Zip	28. Zip	59-3238684	Not Applicable
24. Country	29. Country	5. Certificate of Status: Current	\$8.75 Additional Fee Required
	30. Country	6. Election Campaign Finance: Total Fund Contribution	\$5.00 May Be Added to Fees
		7. This corporation has liability for franchise fees under the 1994 (1995) Florida Statutes	☒ Yes ☐ No

B. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WASHBURN, KENNETH R
5401 S KIRKMAN RD
SUITE 500
ORLANDO FL 32819**

81. Name	85. Zip
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. Pursuant to the provisions of two terms (1993 and 1994) of the 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 one who has been so elected by the Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent for the corporation

Signature of the person who is the registered agent for the corporation

Signature

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995
1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP
4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP	4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP
7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP	7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP
10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP	10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP
13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP	13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP
16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP	16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP
19. NAME 20. STREET ADDRESS 21. CITY, STATE, ZIP	19. NAME 20. STREET ADDRESS 21. CITY, STATE, ZIP
22. NAME 23. STREET ADDRESS 24. CITY, STATE, ZIP	22. NAME 23. STREET ADDRESS 24. CITY, STATE, ZIP

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(1)(a) of the Florida Statutes. I further certify that the information included on this annual report or supplementary 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 officer or director empowered by resolution of the board of directors to sign this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 1 of the Block 1 of the report or on an affidavit filed with an address.

SIGNATURE: **B. Ferdinando** B. FERDINANDO.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95 352-0246
Filing Office