

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033693 (0)

1. Corporation Name

ED & GERRI CORPORATION

Principal Place of Business

500 N.W. 203RD STREET
MIAMI FL 33169

Mailing Address

500 N.W. 203RD STREET
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1994

3a. Date of Last Report

N/A

4. FEI Number

650495337

Applied For

Not Applicable

5. Certificate of Status Desired

N/A

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

NO

\$5.00 May Be
Added to Fees

9. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

30. Country

9. Name and Address of Current Registered Agent

CIAMPA, RAYMOND J
PARALEGAL SERVICES OF FLORIDA, INC.
4000 N. STATE ROAD 7, SUITE 410
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent

01 Name

NONE

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

03

04 City

FL

05 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, as 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)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARMBRISTER, C. EDWIN
STREET ADDRESS	500 N.W. 203RD STREET
CITY-ST-ZIP	MIAMI FL 33169
TITLE	VTD
NAME	ARMBRISTER, GERALDA M
STREET ADDRESS	500 N.W. 203RD STREET
CITY-ST-ZIP	MIAMI FL 33169
TITLE	SD
NAME	LAWRENCE, RHONDA
STREET ADDRESS	500 N.W. 203RD STREET
CITY-ST-ZIP	MIAMI FL 33169
TITLE	D
NAME	MILLER, KIRKLAND
STREET ADDRESS	500 N.W. 203RD STREET
CITY-ST-ZIP	MIAMI FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

4-17-95

654-9102

Date

Telephone Number