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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:34

DOCUMENT # **P94000045005 (3)**

1. Corporation Name
HUDSON-SHATZ FLORIDA G.P. CO., INC.

Principal Place of Business	Mailing Address
4081 L.B. MCLEOD RD ORLANDO FL 32811	4081 L.B. MCLEOD RD ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3250582	Applied For / Not Applicable
21	26 429 west 53RD St, NYC 10019		
Suite, Apt. # etc.	Suite, Apt. # etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28 New York NY.		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☑ Yes ☐ No	
24 / 25	29 10019 / 30 New York		

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NE 167TH ST, 300
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Section 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, or both, in the State of Florida. Such change was authorized by this 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
(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required for filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (# 12)	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	JACOBS, HAROLD B	1.2 NAME	
STREET ADDRESS	429 W 53RD ST	1.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY 10019	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KAHANS, GERALD	2.2 NAME	
STREET ADDRESS	429 W 53RD ST	2.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY 10019	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KAHANS, MARVIN	3.2 NAME	
STREET ADDRESS	429 W 53RD ST	3.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY 10019	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SUTZ, ROBERT	4.2 NAME	
STREET ADDRESS	429 W 53RD ST	4.3 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY 10019	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DUCAS, GEORGE	5.2 NAME	
STREET ADDRESS	7942 H CLUNY CT, FULLERTON INDUSTRIAL PARK	5.3 STREET ADDRESS	
CITY ST ZIP	SPRINGFIELD VA 22153	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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)(i), 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 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel Greenberg DANIEL GREENBERG 6/21/95 212-757-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone)

0000074 CP