# 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:53

DOCUMENT # **P94000056527 (2)**

1. Corporation Name
**UNFORGETTABLE SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1700 STATE ROAD 520<br>UNIT C<br>COCOA FL 32926 | P.O. BOX 740805<br>ORANGE CITY FL 32774 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / County — 30

4. FEI Number: 59-3257304 ☐ 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 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 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, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 11 TITLE | V | ☐ Change ☒ Addition |
| NAME | OLSEN, JOHN R | 12 NAME | MARC BEAUMONT | |
| STREET ADDRESS | 1700 STATE ROAD 520, UNIT C | 13 STREET ADDRESS | 1122 MEDITATION LOOP | |
| CITY-ST-ZIP | COCOA FL 32926 | 14 CITY-ST-ZIP | PORT ORANGE, FL. 32119 | |
| TITLE | | 21 TITLE | S | ☐ Change ☒ Addition |
| NAME | | 22 NAME | GORDEN ANTAL | |
| STREET ADDRESS | | 23 STREET ADDRESS | 803 WEST HOWRY AVE | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | DELAND, FL. 32720 | |
| TITLE | | 31 TITLE | T | ☐ Change ☒ Addition |
| NAME | | 32 NAME | STEPHEN PRICE | |
| STREET ADDRESS | | 33 STREET ADDRESS | 2462 WHITEHORSE ST | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | DELTONA, FL 32738 | |
| TITLE | | 41 TITLE | D | ☐ Change ☒ Addition |
| NAME | | 42 NAME | JIWAN KIM | |
| STREET ADDRESS | | 43 STREET ADDRESS | 500 JIMMY ANN DR, SUITE 636 | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | DAYTONA, FL 32114 | |
| TITLE | | 51 TITLE | D | ☐ Change ☒ Addition |
| NAME | | 52 NAME | DANIEL WHITEHOUSE | |
| STREET ADDRESS | | 53 STREET ADDRESS | 130 SUMMER PLACE, SUITE B | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | MERRITT ISLAND, FL. 32953 | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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(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 Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** John R Olsen JOHN R OLSEN - P - 4-24-95 407-636-9296
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0418403 FP