

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # P94000056943 (1)

1. Corporation Name

P-50 CORP.

95 MAY 22 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**31 SO. CORTEZ AVENUE
WINTER SPRINGS FL 32708**

Mailing Address

**31 SO. CORTEZ AVENUE
WINTER SPRINGS FL 32708**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

07/28/1994

3a. Date of last report

2. Principal Place of Business

2a. Mailing Address

21

26

State: Apt. #

State: Apt. #

22

27

City & State

City & State

23

28

Zip

Zip

29

Zip

24

25

29

30

4. FEI Number

59-3257058

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 5, 1953 USA,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**HARICH, ELIZABETH K
31 SO. CORTEZ AVENUE
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent

81 Name

Jakob Harich

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

83

31 So. Cortez Ave.

84 City

Winter Springs

FL

85 Zip Code
32708

11. Pursuant to the provisions of Sections 607.0402 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 provisions of Sections 607.0402, Florida Statutes.

SIGNATURE

J. Jakob Harich

Jakob Harich

5-16-95

12. OFFICERS AND DIRECTORS

12.1 NAME	D
12.2 NAME	HARICH, ELIZABETH K
12.3 STREET ADDRESS	31 SO. CORTEZ AVENUE
12.4 CITY & STATE	WINTER SPRINGS FL 32708
12.5 NAME	
12.6 STREET ADDRESS	
12.7 CITY & STATE	
12.8 NAME	
12.9 STREET ADDRESS	
12.10 CITY & STATE	
12.11 NAME	
12.12 STREET ADDRESS	
12.13 CITY & STATE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	P D	☒ Change ☐ Addition
13.2 NAME	Jakob Harich	
13.3 STREET ADDRESS	31 So. Cortez Ave.	
13.4 CITY & STATE	Winter Springs, FL 32708	
13.5 NAME		☐ Change ☐ Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY & STATE		
13.9 NAME		☐ Change ☐ Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY & STATE		
13.13 NAME		☐ Change ☐ Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY & STATE		

14. I hereby certify that the information supplied with this filing is substantially true and correct and does not qualify for the exemption stated in Sections 607.0402, Florida Statutes. I further certify that the information supplied on this annual report or supplemental annual report is true and accurate and that the corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of a changed or new office form with an address.

SIGNATURE:

J. Jakob Harich

Jakob Harich

5-16-95

(407) 831-4519

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1995



FLORIDA DEPARTMENT OF STATE
JENNIFER M. MANNING
GOVERNOR
TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

DOCUMENT # P94000057520 (6)

For Corporation Taxes

IRON HORSE TRADERS, INC.

MAILED 11 1995

STATE
TALLAHASSEE, FLORIDA

Principal Office Address

1007 N. FEDERAL HIGHWAY
SUITE 264
FORT LAUDERDALE FL 33304

Mailing Address

1007 N. FEDERAL HIGHWAY
SUITE 264
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized

08/04/1994

3a. Date of last Report

2. Principal Office of Business

21

2b. Mailing Address

26

4. FIC Number

65-0505428

Applied For

Not Applicable

22. State of Incorporation

22

27. State of Incorporation

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. City & State

23

28. City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. City & State

24

25. City & State

25

29. City & State

29

30. City & State

30

7. This corporation has liability for intangible tax under Chapter 193, Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMILTON, JOAN
1121 N.E. 1ST AVENUE
FORT LAUDERDALE FL 33304

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 607.04(2) and 607.15(2), 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 responsibilities of the new registered agent under the Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent and the Corporation

Signature of Registered Agent or Registered Agent and the Corporation

Signature

12. OFFICERS AND DIRECTORS

1. NAME

2. STREET ADDRESS

3. CITY, ST, ZIP

D
FRANCAIS, CARLA T
1831 N.E. 38TH STREET, #600
FORT LAUDERDALE FL 33308

4. NAME

5. STREET ADDRESS

6. CITY, ST, ZIP

7. NAME

8. STREET ADDRESS

9. CITY, ST, ZIP

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. NAME

20. STREET ADDRESS

21. CITY, ST, ZIP

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ Change ☐ Addition

2. STREET ADDRESS ☐ Change ☐ Addition

3. CITY, ST, ZIP ☐ Change ☐ Addition

4. NAME ☐ Change ☐ Addition

5. STREET ADDRESS ☐ Change ☐ Addition

6. CITY, ST, ZIP ☐ Change ☐ Addition

7. NAME ☐ Change ☐ Addition

8. STREET ADDRESS ☐ Change ☐ Addition

9. CITY, ST, ZIP ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition

11. STREET ADDRESS ☐ Change ☐ Addition

12. CITY, ST, ZIP ☐ Change ☐ Addition

13. NAME ☐ Change ☐ Addition

14. STREET ADDRESS ☐ Change ☐ Addition

15. CITY, ST, ZIP ☐ Change ☐ Addition

16. NAME ☐ Change ☐ Addition

17. STREET ADDRESS ☐ Change ☐ Addition

18. CITY, ST, ZIP ☐ Change ☐ Addition

19. NAME ☐ Change ☐ Addition

20. STREET ADDRESS ☐ Change ☐ Addition

21. CITY, ST, ZIP ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

23. STREET ADDRESS ☐ Change ☐ Addition

24. CITY, ST, ZIP ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(b), Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Carla T. Francois
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-95

305 504 6642