

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 13 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057785 (5)

1. Corporation Name

ASSOCIATED COMMERCE, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/04/1994 3a. Date of Last Report

4. FEI Number ☒ 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

2. Principal Place of Business
21 14945 NW 25th Court

2a. Mailing Address
26 Same

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Miami, Florida

24 Zip 33054 Country 25 USA

29 Zip Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name ARNOLD D. SCHATZMAN, ESQ.

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

83 100 S.E. 2nd Street, Suite 2250

84 City Miami FL 85 Zip Code 33131

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

Arnold D. Schatzman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE 1/9/95

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCHATZMAN, ARNOLD
STREET ADDRESS 100 S.E. 2ND ST., SUITE 2250
CITY-ST-ZIP MIAMI FL 33131

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☒ Change ☐ Addition

1.2 NAME James W. Keen

1.3 STREET ADDRESS 14945 NW 25th Court
1.4 CITY-ST-ZIP Miami, Florida 33054

2.1 TITLE Secretary/Director ☐ Change ☒ Addition

2.2 NAME Marie Keen

2.3 STREET ADDRESS 14945 NW 25th Court
2.4 CITY-ST-ZIP Miami, Florida 33054

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 19.07(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. 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
James W. Keen, President

1/9/95

685-3526

Date

Daytime (Area)