**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

APPROVED AND FILED
95 APR 25 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000064439 (0)**

1. Corporation Name
**RESIDEVCO, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~[illegible]~~ | ~~[illegible]~~ |
| ~~FORT LAUDERDALE FL 33301~~ | ~~FORT LAUDERDALE FL 33301~~ |
| 6721 SW 76 TERR | 6721 SW 76 TERR |
| MIAMI FL 33143 | MIAMI FL 33143 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1994
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 6721 SW 76 TERR | 26 6721 SW 76 TERR |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 MIAMI FL | City & State 28 MIAMI FL |
| Zip 24 33143 County 25 USA | Zip 29 33143 County 30 USA |

4. FEI Number: 65-0523495 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

~~CORPORATION INFORMATION SERVICES INC.~~
1201 HAYS ST.
TALLAHASSEE FL 32301

**10. Name and Address of New Registered Agent**

81 Name: MICHAEL D. GARFFER
82 Street Address (P.O. Box Number is Not Acceptable): 6721 SW 76 TERR
83
84 City: MIAMI FL **FL** 85 Zip Code: 33143

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: [signature] DATE: 4/20/95
Signature, typed or printed 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 | PRESIDENT + TREASURER | 1.1 TITLE | PRESIDENT + TREASURER | ☐ Change ☒ Addition |
| NAME | MICHAEL D. GARFFER | 1.2 NAME | MICHAEL D. GARFFER (DIRECTOR) | |
| STREET ADDRESS | 6721 SW 76 TERR | 1.3 STREET ADDRESS | 6721 SW 76 TERR | |
| CITY-ST-ZIP | MIAMI FL 33143 | 1.4 CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | VICE PRESIDENT + SECRETARY | 2.1 TITLE | VICE PRESIDENT + SECRETARY | ☐ Change ☒ Addition |
| NAME | PATRICIA F. GARFFER | 2.2 NAME | PATRICIA F. GARFFER (DIRECTOR) | |
| STREET ADDRESS | 6721 SW 76 TERR | 2.3 STREET ADDRESS | 6721 SW 76 TERR | |
| CITY-ST-ZIP | MIAMI FL 33143 | 2.4 CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | | 3.1 TITLE | DIRECTOR | ☐ Change ☒ Addition |
| NAME | | 3.2 NAME | MARIA A. GARFFER | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 6721 SW 76 TERR | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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 Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [signature] MICHAEL D GARFFER PRESIDENT 1/25/95 (305) 829-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0210491 CP