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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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95 MAY -1 PM 12:00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF 95 MAY -1
Sandra B. Alexander
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000068741 (5)

1. Corporation Name
CANFLOR MANAGEMENT, INC.

Principal Place of Business Mailing Address

**399 CAROLINA AVE.
SUITE 250
WINTER PARK FL 32789** **399 CAROLINA AVE.
SUITE 250
WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1994		3a. Date of Last Report	
21		26		4. FE Number 59-3269083		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23		27		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

**CHRISTY, KATHERINE A
250 INTERNATIONAL PARKWAY
SUITE 230
HEATHROW FL 32746**

10. Name and Address of New Registered Agent

81 Name **Dennis Armstrong**
82 Street Address (P.O. Box Number is Not Acceptable) **399 Carolina Avenue Suite 250**
83
84 City **Winter Park** FL 85 Zip Code **32789**

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, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ARMSTRONG, DENNIS	1.2 NAME	
STREET ADDRESS	399 CAROLINA AVE., STE. 250	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
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	

REMITTED BY MAY 1

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)(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; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 107/644-0575