

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000069456 (9)

1. Corporation Name

R.P.O. BEACH DEVELOPMENT, INC.

Principal Place of Business

503 N. ORLANDO AVE.
SUITE 105
COCOA BEACH FL 32931

Mailing Address

503 N. ORLANDO AVE.
SUITE 105
COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/21/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-3268352

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

10. Name and Address of New Registered Agent

SHOEMAKER, JOHN B
503 N. ORLANDO AVE.
COCOA BEACH FL 32931

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ~~President/Treasurer~~
NAME KODSI, ALBERT
STREET ADDRESS 503 N. ORLANDO AVE., STE. 105
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE D
NAME KODSI, JOSEPH
STREET ADDRESS 503 N. ORLANDO AVE., STE. 105
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Treasurer ☐ Change ☒ Addition
1.2 NAME Albert Kodsi
1.3 STREET ADDRESS 503 N. Orlando Ave., #105
1.4 CITY-ST-ZIP Cocoa Beach, FL 32931

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Vice President/Secretary ☐ Change ☒ Addition
3.2 NAME John B. Shoemaker
3.3 STREET ADDRESS 503 N. Orlando Ave., #105
3.4 CITY-ST-ZIP Cocoa Beach, FL 32931

4.1 TITLE Assistant Secretary ☐ Change ☒ Addition
4.2 NAME Victoria Plum
4.3 STREET ADDRESS 503 N. Orlando Avenue, #105
4.4 CITY-ST-ZIP Cocoa Beach, FL 32931

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 119.07(3)(4), 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

J.P.

6/30/95 (407) 784 3266

FILED
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SECRETARY OF ST.
TALLAHASSEE, FL.