

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 AM 8:54

DOCUMENT # P94000071904 (4)

1. Corporation Name

WORLD OF PALM-AIRE PROPERTIES, INC.

Principal Place of Business

**219 S. POMPANO PARKWAY
POMPANO BEACH FL 33069**

Mailing Address

**219 S. POMPANO PARKWAY
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/27/1994

3a. Date of Last Report

4. FEI Number

59-1784753

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. 190 C.F.R.
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CURRAN, M. GLENN III
2400 E. COMMERCIAL BLVD.
SUITE 208
FORT LAUDERDALE FL 33308**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 Required for printed name of registered agent and officer or director)

(Signature Required for printed name of registered agent and officer or director)

(Signature Required for printed name of registered agent and officer or director)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
BOSLEY, LINDA L
219 S. POMPANO PARKWAY
POMPANO BEACH FL 33069**

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VSTD
BOSLEY, EDWIN M
219 S. POMPANO PARKWAY
POMPANO BEACH FL 33069**

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied on this report is true and correct and that my signature shall have the same legal effect as if I were the registered agent or director of the corporation. I am familiar with, and accept the obligations of, Section 607.0505, 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

EDWIN M. Bosley VSTD 1/13/95 975-6270