

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P94000072638 (7)**

1. Corporation Name

VORRIAS, INC.

SEP 21 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**6018 S.W. 18TH STREET
SUITE 1
BOCA RATON FL 33433**

Mailing Address

**6018 S.W. 18TH STREET
SUITE 1
BOCA RATON FL 33433**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or Qualified

3a. Date of Last Report

09/29/1994

4. Filing Number

650 52 1440

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 (32)
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VORRIAS, PETER
6018 S.W. 18TH STREET
SUITE 1
BOCA RATON FL 33433**

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 609 (b)(1) and 609 (b)(2), 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 609 (b)(3), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Secretary of State or Designated Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

OFF

**D
VORRIAS, PETER
6018 S.W. 18TH STREET, SUITE 1
BOCA RATON FL 33433**

1. NAME

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. OFF

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. OFF

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. OFF

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. OFF

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. OFF

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199 (32), Florida Statutes. I further certify that the information included on this annual report or biennial annual report is true and accurate and that the corporation shall have the same legal effect as if made under oath. I am an officer or director of the corporation or have been designated to execute this report as required by Chapter 609, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as a duly authorized officer or director.

SIGNATURE:

Peter Vorrias

PETER VORRIAS

4/28/95

409 392 7446

SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR