

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 *3-15-95 CP 2161-C*

APPROVED AND FILED

95 MAR 15 AM 8:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000072943 (1)

**1. Corporation Name
A TWIST OF FATE, INC.**

Principal Place of Business
4900 NW 104TH ST
CORAL SPRINGS FL 33076

Mailing Address
4900 NW 104TH ST
CORAL SPRINGS FL 33076

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/05/1994

3a. Date of Last Report
10-5-94

4. FEI Number
65-0525101

Applied For
 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. 198.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **24** Country **25**

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip **30** Country

9. Name and Address of Current Registered Agent

GREENSTEIN, ROBERT A
4900 NW 104TH ST
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

B1 Name

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

B3

B4 City **B5** Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 _____ (NOTE: Registered Agent signature required when re-registering) **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE **D**

NAME **GREENSTEIN, ROBERT A**

STREET ADDRESS **4900 NW 104TH ST**

CITY- ST- ZIP **CORAL SPRINGS FL 33076**

TITLE **D**

NAME **GREENSTEIN, BARBARA L**

STREET ADDRESS **4900 NW 104TH ST**

CITY- ST- ZIP **CORAL SPRINGS FL 33076**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

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 110.07(3)(b), 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: ROBERT A. GREENSTEIN *Robert A. Greenstein* **3-9-95** **305-949-4915**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature 1 from 2)