

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TAMARA B. MORTON
Secretary of State
Tallahassee, FL 32399-0400

**APPROVED
AND
FILED**

APR 27 1996 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074631 (0)

TIPS TO TOES, INC.

Principal Office Address

Mailing Address

**2801 FOREST HILLS BLVD #12
CORAL SPRINGS FL 33065**

**2801 FOREST HILLS BLVD #12
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized 10/11/1994		3a. Date of Last Report	
4. FEI Number 65-0521511		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	
7. This corporation has liability for other taxes (see section 139.002 Florida Statutes) ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
DENERO, SUZANNE 2801 FOREST HILLS BLVD #12 CORAL SPRINGS FL 33065		<table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. State</td> <td>FL</td> </tr> <tr> <td>85. Zip Code</td> <td></td> </tr> </table>		81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83. City		84. State	FL	85. Zip Code	
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83. City													
84. State	FL												
85. Zip Code													

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation fulfills the statement for the purpose of changing its registered office from the address on file 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 139.005, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12																																																													
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exceptions stated in Sections 139.001-139.004, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall serve the same legal effect as if made under oath. That I am an officer or director of the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 139, Florida Statutes, and that my name appears on Block 1 of the filing. I am not a director or officer of the corporation.

SIGNATURE: *Suzanne Denero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95 (305) 341-1779