

**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: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000074775 (5)

1. Corporation Name

SOUTHWESTERN FLEA MARKET, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

735 N.W. 22ND AVENUE
MIAMI FL 33125

Mailing Address

735 N.W. 22ND AVENUE
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/07/1994

4. FEI Number

59-3272226

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Free Corporation Liability for Exchange Tax Under 1001(b)

☐

**\$5.00 May Be
Added to Fees**

8. Free Corporation Liability for Exchange Tax Under 1001(b)
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

8601 Dunwoody Place

Suite, Apt. #, etc.

27

Suite 718

City & State

28

Atlanta GA

24

25

29

30350

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPPS, GERALD N ESQ.
735 N.W. 22ND AVENUE
MIAMI FL 33125

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, 608 and 609, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607, 608, Florida Statutes.

SIGNATURE

[Signature]

(Print Name of Registered Agent or Director)

12. These are the Agents registered with this corporation.

(P)

12.

OFFICERS AND DIRECTORS

13.

14.

NAME

PSD
CAPPS, GERALD N
735 N.W. 22ND AVENUE
MIAMI FL 33125

STREET ADDRESS

CITY, ST., ZIP

15.

NAME

STREET ADDRESS

CITY, ST., ZIP

16.

NAME

STREET ADDRESS

CITY, ST., ZIP

17.

NAME

STREET ADDRESS

CITY, ST., ZIP

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CITY, ST., ZIP

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CITY, ST., ZIP

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CITY, ST., ZIP

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CITY, ST., ZIP

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CITY, ST., ZIP

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STREET ADDRESS

CITY, ST., ZIP

20.

NAME

STREET ADDRESS

CITY, ST., ZIP

21.

NAME

STREET ADDRESS

CITY, ST., ZIP

President
Rod AUCOX
8601 Dunwoody Place Ste. 718
Atlanta, GA 30350

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information is located on this annual report or supplemental annual report, 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or attached as an attachment with an address.

SIGNATURE:

(Print Name of Signing Officer or Director)

8-3-95

(404) 552-9840