

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000077969 (1)**

1. Corporation Name

N7814U, INCORPORATED

Principal Place of Business

**11201 SW 55TH ST.
BOX 3
MIRAMAR FL 33025**

Mailing Address

**11201 SW 55TH ST.
BOX 3
MIRAMAR FL 33025**



3. Date Incorporated or Qualified
10/24/1994

3a. Date of Last Report
07/18/1995

4. FEI Number
65-0546557

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. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, TOM
11201 SW 55TH ST.
BOX 3
MIRAMAR FL 33025**

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 607.0502 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

Thomas R. Williams

4-28-96

Signature typed or printed name of registered agent in Block 12 of this report.

Date of Signature

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SCROGGINS, JAMES**
STREET ADDRESS **6245 FLAGLER ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☐ DELETE
NAME **D POLANCO, ED**
STREET ADDRESS **13933-C SW 46TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ DELETE
NAME **D WILLIAMS, TOM**
STREET ADDRESS **11201 SW 55TH ST., BOX 3**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ DELETE
NAME **D TINKHAM, WILLIAM**
STREET ADDRESS **847 NE 119TH ST.**
CITY-ST-ZIP **BISCAYNE PARK FL 33161**

TITLE ☐ DELETE
NAME **D MCDONALD, JOHN**
STREET ADDRESS **1350 NE 153RD ST.**
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 119.07(3)(k), 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:

Thomas R. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

Date

305 621-7418

Daytime Phone #

CR2E034 (12/95)