

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

CORPORATION
ANNUAL REPORT
1995



DOCUMENT # P94000080850 (8)

BIRDS OF ROARING BROOK, INC.

FILED
STATE
SECRETARY OF STATE
11/03/1994

1500 SAN REMO AVE
SUITE 125
CORAL GABLES FL 33146

1500 SAN REMO AVE
SUITE 125
CORAL GABLES FL 33146

2. Principal Place of Business		2a. Mailing Address		3. Date of Report		3a. Filing Date	
21	16810 SW 204 ST	26	16810 SW 204 ST	11/03/1994		11/03/1994	
22. City & State		27. City & State		4. Filing Fee		5. Certificate of Status Desired	
MIAMI FL		MIAMI FL		65-053-1207		☐ \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing		7. Trust Fund Contribution	
33187		33187		☐		☐	
24. DADC		29. DADC		8. This corporation has liability for state tax under S. 190 (13)		9. Florida Statutes	
				☒ No ☐ Yes			

FOX, SPENCER
1500 SAN REMO AVE
SUITE 125
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81. Name: DAVID M. WEINSTEIN
82. Street Address (P.O. Box Number is Not Acceptable): 16810 SW 204 ST
83. City: MIAMI
84. State: FL
85. Zip Code: 33187

11. Pursuant to the provisions of Sections 607 (05) and 607 (06), 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 (05), Florida Statutes.

SIGNATURE: DAVID M. WEINSTEIN
2-14-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	FOX, SPENCER	1. NAME	DAVID M. WEINSTEIN
2. STREET ADDRESS	1500 SAN REMO AVE	2. STREET ADDRESS	16810 SW 204 ST
3. CITY, ST, ZIP	CORAL GABLES FL 33146	3. CITY, ST, ZIP	MIAMI FL 33187
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, ST, ZIP		6. CITY, ST, ZIP	
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST, ZIP		9. CITY, ST, ZIP	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST, ZIP		15. CITY, ST, ZIP	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, ST, ZIP		18. CITY, ST, ZIP	
19. NAME		19. NAME	
20. STREET ADDRESS		20. STREET ADDRESS	
21. CITY, ST, ZIP		21. CITY, ST, ZIP	

14. I hereby certify that the information supplied in this report is true and correct, and that I am not a director or officer of the corporation. I understand that the filing of this report is required by law, and that I am responsible for the accuracy of the information provided. I understand that the filing of this report is required by law, and that I am responsible for the accuracy of the information provided.

SIGNATURE: DAVID M. WEINSTEIN
2-14-95
305-253-6676