

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000082464 (6)**

1. Corporation Name:

DROID, INC.

Principal Place of Business:

**4718 N.W. 82ND AVENUE
LAUDERHILL FL 33351**

Mailing Address:

**4718 N.W. 82ND AVENUE
LAUDERHILL FL 33351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1994

3a. Date of Last Report

4. FFI Number

65-0536250

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. The corporation has liability for intangible tax under § 199.039
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business:

21. State, Apt. #, etc.

22. City & State

23. Country

24. State, Apt. #, etc.

25. City & State

26. Country

2a. Mailing Address:

26. State, Apt. #, etc.

27. City & State

28. Country

29. State, Apt. #, etc.

30. City & State

31. Country

9. Name and Address of Current Registered Agent

**ROSEN-GERSTEN, SONDR
4718 N.W. 82ND AVENUE
LAUDERHILL FL 33351**

10. Name and Address of New Registered Agent

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 607.150A, 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

Signature of Registered Agent (If Registered Agent is not a natural person, the signature of the authorized officer or director of the corporation must be provided.)

12. OFFICERS AND DIRECTORS

12a.

NAME

12b. State, Apt. #, etc.

12c. City & State

12d. Country

12e.

NAME

12b. State, Apt. #, etc.

12c. City & State

12d. Country

12e.

NAME

12b. State, Apt. #, etc.

12c. City & State

12d. Country

12e.

NAME

12b. State, Apt. #, etc.

12c. City & State

12d. Country

12e.

NAME

12b. State, Apt. #, etc.

12c. City & State

12d. Country

12e.

13.

13a. NAME

13b. NAME

13c. STREET ADDRESS

13d. CITY, ST, ZIP

13e. NAME

13b. NAME

13c. STREET ADDRESS

13d. CITY, ST, ZIP

13e. NAME

13b. NAME

13c. STREET ADDRESS

13d. CITY, ST, ZIP

13e. NAME

13b. NAME

13c. STREET ADDRESS

13d. CITY, ST, ZIP

13e. NAME

13b. NAME

13c. STREET ADDRESS

13d. CITY, ST, ZIP

13e. NAME

13b. NAME

13c. STREET ADDRESS

13d. CITY, ST, ZIP

13e.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(9)(a), Florida Statutes. I further certify that the information submitted 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 person or persons empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, 2 or 13 of this report or as an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

[Signature]