

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 AM 10:08

DOCUMENT # P94000085677 (0)

1. Corporation Name
XL PLUS, INC.

Principal Place of Business

**1717 N. BAYSHORE DR., #110
MIAMI FL 33132**

Mailing Address

**1717 N. BAYSHORE DR., #110
MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/21/1994

3a. Date of Last Report
N/A

4. FEI Number
65-0543093

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 **Same as above**

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

**GLICKMAN, PHILLIP L
1717 N. BAYSHORE DR., #110
MIAMI FL 33132**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **EPPINGER, RONALD**
STREET ADDRESS **1717 N. BAYSHORE DR., #110**
CITY - ST - ZIP **MIAMI FL 33132**

1. 1 TITLE ☐ Change ☐ Addition
1. 2 NAME
1. 3 STREET ADDRESS
1. 4 CITY - ST - ZIP

TITLE **D**
NAME **EPPINGER, RONALD JR.**
STREET ADDRESS **1717 N. BAYSHORE DR., #110**
CITY - ST - ZIP **MIAMI FL 33132**

2. 1 TITLE ☐ Change ☐ Addition
2. 2 NAME
2. 3 STREET ADDRESS
2. 4 CITY - ST - ZIP

TITLE **D**
NAME **GLICKMAN, PHILLIP L**
STREET ADDRESS **605 IVES DAIRY RD., #G-103**
CITY - ST - ZIP **NORTH MIAMI BEACH FL 33179**

3. 1 TITLE ☐ Change ☐ Addition
3. 2 NAME
3. 3 STREET ADDRESS
3. 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4. 1 TITLE ☐ Change ☐ Addition
4. 2 NAME
4. 3 STREET ADDRESS
4. 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. 1 TITLE ☐ Change ☐ Addition
5. 2 NAME
5. 3 STREET ADDRESS
5. 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. 1 TITLE ☐ Change ☐ Addition
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 110.07(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 registered agent 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: RON EPPINGER

SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR

1/10/95

358-9006