

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

JULY 1, 1995
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMMY L. MCMILLAN
SECRETARY OF STATE
1995 ANNUAL REPORT

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088098 (6)

410 9TH STREET NORTH, INC.

1. Name of Corporation	410 9TH STREET NORTH, INC.
2. Date of Incorporation	21. Date of Last Report
3. State of Incorporation	22. Date of Last Report
4. City & State	23. City & State
5. Zip	24. Zip
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANK, ANN T 2335 TAMiami TRAIL N SUITE 504 NAPLES FL 33940	81. Name MARION BARBOUR 82. Street Address P.O. Box Number or Post Office Box 410 9TH ST. N. 83. 84. City NAPLES, FL. Zip Code FL 33940

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FRANK, ANN T 2335 TAMiami TRAIL N SUITE 504 NAPLES FL 33940	81. Name MARION BARBOUR 82. Street Address P.O. Box Number or Post Office Box 410 9TH ST. N. 83. 84. City NAPLES, FL. Zip Code FL 33940
11. Management of corporation is changed from 1994 to 1995 under 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 of registered agent. Date SIGNATURE: <i>Marion Barbour</i> MARION BARBOUR PRES. 5/4/95	

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS TO FILE THIS ANNUAL REPORT
NAME: PRESIDENT MARION BARBOUR 2745 WILD PINES LN. NAPLES, FL. 33962 V.P.	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME
NAME: GEORGE BARBOUR 191 WETHERILL RD GARDEN CITY, N.Y. 11530	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME

14. I declare, certify that the information supplied with this filing is voluntarily furnished and true and complete for the corporation stated in Section 101C of the Florida Statutes. I further certify that the information and facts in 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. I am an officer or director of the corporation or the receiver or trustee of the corporation who is to execute the report as required by Chapter 101 - Florida Statutes, and that my signature appears in black ink like the rest of the signature on the front of this document with an address.

SIGNATURE: *Marion Barbour* MARION BARBOUR
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/95 (813)261-8667

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FLORIDA
APRIL RE FILED
1995



DEPARTMENT OF STATE

SECRETARY OF STATE

REGISTRATION OF FIRMS

DOCUMENT # P94000088218 (0)

IMAGE HAUS, INC.

MAY 1995

1025 NORTHEAST 98 STREET

MIAMI SHORES FL 33138

1025 NORTHEAST 98 STREET
MIAMI SHORES FL 33138

21. Name and Address of Firm

28. Mailing Address

4. File Number

38. Date of Last Filed

22. Name of Appointee

26. Name and Address of

12/06/1994

Not Applicable

23. Name of Corp

27. City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24. Name of Corp

28. City & State

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

25. Name of Corp

29. City & State

8. The corporation has authority to do business under the name(s) of:

Florida Statutes

(Yes) (No)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERA AVENUE
CORAL GABLES FL 33134

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 601.06(1) and 601.07(1) Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or principal place of business in the State of Florida. Such change was authorized by the corporation's Board of Directors. Thereby except the appointment as registered agent. This form is also used for registration of a change of name. (See 601.06(1) Florida Statutes)

CHANGES TO OFFICERS AND DIRECTORS

12. CHANGES TO OFFICERS AND DIRECTORS

P
CANTON, SPERO C
1025 NORTHEAST 98 STREET
MIAMI SHORES FL 33138

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Change) (Add)

V.P., Secretary, Treasurer
CHRISTINE, B. CANTON
1025 NE 98 Street
Miami Shores FL 33138

14. ADD

(Change) (Add)

Vice President
EMILIO RODRIGUEZ, JR.
8270 Southwest 110 Terrace
Miami, Florida 33156

15. ADD

(Change) (Add)

SECRETARY
CHRISTINE B. CANTON
1025 NE 98 Street
Miami Shores FL 33138

16. ADD

(Change) (Add)

DIRECTOR
SPERO CANTON
1025 NE 98 Street
Miami Shores FL 33138

17. ADD

(Change) (Add)

SPERO CANTON
1025 NE 98 Street
Miami Shores FL 33138

18. ADD

(Change) (Add)

14. I declare to you, that the information supplied herein is true, is voluntarily furnished and does not qualify for the exemption stated in Section 601.06(1) Florida Statutes. I further certify that the information indicated on the document of supplemental annual report is true and accurate and that my signature affirms the information reflected in made under oath. It is my intention to cause the undersigned to execute the affidavit required by Chapter 601.07 Florida Statutes, and that my name appears on the front of this document or printed thereon with no initials.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-95 (35)3475455*