

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:22

DOCUMENT # P94000090742 (5)

1. Corporation Name

REMCON ARBORS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address
334 LAKE CREST COURT
FT LAUDERDALE FL 33326

2b. Mailing Address
334 LAKE CREST COURT
FT LAUDERDALE FL 33326

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or Qualified 12/14/1994 3a. Date of Last Report

21. Principal Office Address

26. Mailing Address

4. FID Number 65-0556993

Applied For
Not Applicable

22. City & State

27. State, Apt. #, etc.

5. Certificate of Status Request ☐ \$8.75 Additional Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Total Excess Contribution ☐ \$5.00 May Be Added to Fees

24. City & State

29. City

30. State

8. Does corporation have liability for intangible tax under Fla. 1991 (32) Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBER CORPORATE AGENTS, INC.
2601 S BAYSHORE DR
19TH FLOOR
MIAMI FL 33133

81. Name

82. Street Address (If C) Box Number or Not Applicable

83.

84. City

FL

85. Zip Code

11. I, the undersigned, in the presence of the Secretary, 1991 (32) and 1991 (33) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the above address in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby resign the appointment as registered agent. I am hereby resigning the appointment as registered agent of the corporation.

Signature of

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1:

NAME
D MOSCOVITCH, LEWIS
334 LAKE CREST CT
FT LAUDERDALE FL 33326

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

31. NAME

32. NAME

33. NAME

34. NAME

35. NAME

36. NAME

37. NAME

38. NAME

39. NAME

40. NAME

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEWIS MOSCOVITCH

4/28/95 (305) 344-1883