

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000091193 (0)

1. Corporation Name

SOUTH GROUP, INC.

**APPROVED
AND
FILED**

95 JUL -3 AM 9:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailng Address

**12932 SW 133 COURT
MIAMI FL 33186**

**12932 SW 133 COURT
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
12/15/1994

4. FEI Number 4a. Annual Fee
65-0542594 ☐ \$8.75 Additional
 Not Applicable

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

6. ☐ **\$5.00 May Be
 Added to Fees**

7. Has Corporation been subject to a federal tax audit in 1994?
 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailng Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. City

28. City

24. State

29. State

30. State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAYLOR, HANS O
12932 SW 133 COURT
MIAMI FL 33186**

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607 (5)(2) and 607 (5)(3), 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 provisions of Section 607 (5)(3), Florida Statutes.

SIGNATURE

[Signature]

HANS O TAYLOR

DATE (Registered Agent Signature Required and Mandatory)

6/31/95.

12. OFFICERS AND DIRECTORS

13.

NAME

**D
TAYLOR, HANS O
12932 SW 133 COURT
MIAMI FL 33186**

14. NAME

P/C

☒ Change ☐ Addition

STREET ADDRESS

15. STREET ADDRESS

CITY, STATE, ZIP

16. CITY, STATE, ZIP

NAME

**D
TOM, WAYNE L
12932 SW 133 COURT
MIAMI FL 33186**

17. NAME

**V
LEE TOM, WAYNE**

☒ Change ☐ Addition

STREET ADDRESS

18. STREET ADDRESS

CITY, STATE, ZIP

19. CITY, STATE, ZIP

NAME

**T
DEAN, PEART
15822 SW 91 COURT
MIAMI, FLORIDA 33157**

20. NAME

**T
DEAN, PEART
15822 SW 91 COURT
MIAMI, FLORIDA 33157**

☐ Change ☒ Addition

STREET ADDRESS

21. STREET ADDRESS

CITY, STATE, ZIP

22. CITY, STATE, ZIP

NAME

**S
STEADMAN, RUDOLPH A
12932 SW 133 COURT
MIAMI FL 33186**

23. NAME

**S
STEADMAN, RUDOLPH A
12932 SW 133 COURT
MIAMI FL 33186**

☐ Change ☒ Addition

STREET ADDRESS

24. STREET ADDRESS

CITY, STATE, ZIP

25. CITY, STATE, ZIP

NAME

**S
STEADMAN, RUDOLPH A
12932 SW 133 COURT
MIAMI FL 33186**

26. NAME

**S
STEADMAN, RUDOLPH A
12932 SW 133 COURT
MIAMI FL 33186**

☐ Change ☐ Addition

STREET ADDRESS

27. STREET ADDRESS

CITY, STATE, ZIP

28. CITY, STATE, ZIP

NAME

**S
STEADMAN, RUDOLPH A
12932 SW 133 COURT
MIAMI FL 33186**

29. NAME

**S
STEADMAN, RUDOLPH A
12932 SW 133 COURT
MIAMI FL 33186**

☐ Change ☐ Addition

STREET ADDRESS

30. STREET ADDRESS

CITY, STATE, ZIP

31. CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply to the exceptions stated in law (see 1993 Florida Statutes Chapter 607) and that the information submitted can be relied upon for supplemental or additional report is true and accurate and that my signature shall have the same legal effect as if I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE:

[Signature] **HANS O TAYLOR**
 SIGNATURE AND TYPE OR PRINTED NAME OF SHARED OFFICER OR DIRECTOR

6/31/95 (305) 254-9177