

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000064409 (2)**

1. Corporation Name

THE CAVENDISH COMPANY

PLEASE NOTE
SPELLING CORRECT.

APPROVED
AND
FILED

1996 APR 24 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2700 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33311**

Mailing Address

**2700 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33311**

3. Date Incorporated or Qualified
08/21/1995

3a. Date of Last Report

08/21/1995

4. FEI Number

65-0680458

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**EAMES, JOHN
2700 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33311**

2a. Mailing Address

6861 ELM STREET

Suite, Apt. #, etc.

27

City & State

28

McLEAN VA

29

Zip

30

22101

Country

U.S.A.

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 607.1508, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
EAMES, MARY
2700 N. ANDREWS AVE.
FT. LAUDERDALE FL 33311**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
EAMES, JOHN
2700 N. ANDREWS AVE.
FT. LAUDERDALE FL 33311**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied on this report is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 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, as required, or on an attachment with an address.

SIGNATURE:

JOHN EAMES

2.5.96

703 893 1301

CS 4/24/96

CR2E034 (12/95)