

**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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **P95000081430 (7)**

1. Corporation Name

~~MICHAEL DOWNEY & ASSOCIATES, INC.~~  
**South Florida Fire & Water Rest. Co. INC.**

*NAME CHANGE*



Principal Place of Business

Mailing Address

**3050 N.E. 13TH AVENUE  
POMPANO BEACH FL 33064**

**3050 N.E. 13TH AVENUE  
POMPANO BEACH FL 33064**

*MERCEDE EXECUTIVE*

*MERCEDE EXECUTIVE*

2. Principal Place of Business

2a. Mailing Address

21 **1876 N. University Drive**

26 **1876 N. University Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **101P**

27 **101P**

City & State

City & State

23 **Plantation, Florida**

28 **Plantation, Florida**

Zip

Zip

Country

Country

24 **33322**

25 **Fla**

29 **33322**

30 **Fla**

3. Date Incorporated or Qualified

**10/24/1995**

3a. Date of Last Report

4. FEI Number

**65-0624146**

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

9. Name and Address of Current Registered Agent

**DOWNEY, DONNIE  
3050 N.E. 13H AVENUE  
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name **Connie Downey**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3050 N.E. 13TH AVE.**  
83  
84 City **Pompano Bch,** FL 85 Zip Code **33064**

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

*Michael Downey*

*Connie L. Downey*

*3/26/96*

(Typed or printed name of registered agent or the registrant)

(Typed or printed name of new registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DOWNEY, MICHAEL</b>	
STREET ADDRESS	<b>3050 N.E. 13TH AVENUE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>DOWNEY, CONNIE</b>	
STREET ADDRESS	<b>3050 N.E. 13TH AVENUE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOWNEY, SUSAN</b>	
STREET ADDRESS	<b>3050 N.E. 13TH AVENUE</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>PD.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Douglas Aird</b>	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VP.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Michael J. Downey</b>	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Tina Aird</b>	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>TRUS.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Connie Downey</b>	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>700001848347</b>	
6.3 STREET ADDRESS	<b>-06/03/96--01056--009</b>	
6.4 CITY-ST-ZIP	<b>***200.00</b>	

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 119.07(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 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 unchanged or on an attachment with an address.

SIGNATURE:

*Connie L. Downey*

*Connie L. Downey 3/26/96*

*954-2324*

(Typed or printed name of signing officer or director)

DATE

(Typed or printed name)

CR2E034 (12/95)