

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 1:48

DOCUMENT # S03897

(3)

1. Corporation Name

MR. POTTERY OF KENDALL, INC.

Principal Place of Business

**451 N.E. 109 STREET
MIAMI FL 33179**

Mailing Address

**451 N.E. 109 STREET
MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1990

3a. Date of Last Report

04/27/1994

4. FEI Number

65-0220119

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 8514 MILLS DRIVE

Suite, Apt. #, etc.

22 TOWN & COUNTRY CENTER

City & State

23 KENDALL, FL

Zip

24 33183

Country

25 U.S.A.

2a. Mailing Address

26 1983 TIGERTAIL BLVD.

Suite, Apt. #, etc.

27

City & State

28 DANIA, FL

Zip

29 33004

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**ALTSHULER, LANNY
451 NORTHEAST 189TH STREET
MIAMI FL 33179**

10. Name and Address of New Registered Agent

81 Name

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

1983 TIGERTAIL BLVD.

83

84 City

DANIA

FL

85 Zip Code

33004

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 **LANNY ALTSHULER PRESIDENT**

(Signature, typed or printed name of registered agent, and title, if applicable)

(Signature, typed or printed name of registered agent, and title, if applicable)

2/16/95

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALTSHULER, LANNY
STREET ADDRESS	451 N.E. 109 ST
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	1983 TIGERTAIL BLVD.
14 CITY, ST, ZIP	DANIA, FL. 33004
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemented 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 if changed, or on an attachment with an address.

SIGNATURE:

(Signature, typed or printed name of signing officer or director)

LANNY ALTSHULER

2/16/95

(Date)

306-920-0755

(Telephone Number)