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**95 APR 11 PM 1:38**

**CORPORATION  
ANNUAL REPORT  
1995**



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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S25330 (9)**

1. Corporation Name  
**1095 MARINER DRIVE CORP.**

Principal Place of Business <b>10 RIDOBIL FLORIDA INC 3750 NW 87TH AVENUE #560 MIAMI FL 33178</b>	Mailing Address <b>C/O RIDOBIL FLORIDA, INC. 3750 NW 87TH AVE #680 MIAMI FL 33178 US</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/12/1991</b>	3a. Date of Last Report <b>04/20/1994</b>
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2. Principal Place of Business <b>21 10 RIDOBIL FLORIDA, INC.</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>65-0238352</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22 3750 NW 87TH AVE # 660</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
City & State <b>23 MIAMI FLORIDA</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24 33178</b>	Country <b>25 US</b>	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>29</b>

9. Name and Address of Current Registered Agent <b>RIDOBIL FLORIDA INC. 3750 NW 87TH AVE #680 MIAMI FL 33178</b>		10. Name and Address of New Registered Agent	
<b>81</b> Name		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>		<b>84</b> City	
<b>85</b> Zip Code		<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>DAVIDSON, FERGUS M., JR.</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>3750 NW 87TH AVE #680</b>	1.2 NAME	
STREET ADDRESS	<b>MIAMI FL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 Section 110.07(3)(b), 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 executor 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 I am appointed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/4/95** (305) 592-5999  
Signature typed or printed name of signing officer or director (Note: Signature Please)  
**Fergus M. Davidson, Jr.**