

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 2:19

DOCUMENT # S26915 (6)

1. Corporation Name

AMRON, INC.

Principal Place of Business

**2500 N MILITARY TRAIL
STE 150
BOCA RATON FL 33431
US**

Mailing Address

**C/O LEWIS B. FREEMAN
3250 MARY ST. STE 100
COCONUT GROVE FL 33133
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1991

3a. Date of Last Report

03/24/1994

4. FEI Number

65-0240273

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

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

Country

2b. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

**RESHEFSKY, AMY
2600 NW 49TH STREET
BOCA RATON, FL 33434**

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)

(If Not: Registered Agent signature required after recording)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RESHEFSKY, AMY
STREET ADDRESS	2600 NW 49TH STREET
CITY, ST, ZIP	BOCA RATON FL
TITLE	VP
NAME	RESHEFSKY,
STREET ADDRESS	2600 NW 49TH STREET
CITY, ST, ZIP	BOCA RATON FL
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

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Amy Reshefsky	
1.3 STREET ADDRESS	2500 N. Military Trail	
1.4 CITY, ST, ZIP	Boca Raton, FL 33433	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	Bonnie Fishman	
2.3 STREET ADDRESS	2500 N. Military Trail	
2.4 CITY, ST, ZIP	Boca Raton, FL 33433	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR