

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:55

DOCUMENT # S33556

(9)

1. Corporation Name

MR. POTTERY OF BROWARD, INC.

Principal Place of Business

451 NE 189TH ST
MIAMI FL 33179

Mailing Address

451 NE 189TH ST
MIAMI FL 33179

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/20/1991

3a. Date of Last Report

04/27/1994

4. FEI Number

65-0245686

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 2600 N. FEDERAL HWY.

2a. Mailing Address

26 1983 TIGERTAIL BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 CAPITAL BANK PLAZA

27

City & State

23 FT. LAUDERDALE, FL.

City & State

29 DANIA, FL.

Zip

Country

Zip

Country

24 33305

25 U.S.A.

29 33004

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALTSCHULER, LANNY

451 NE 189TH ST

MIAMI FL 33179

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 ALTSCHULER, PRESIDENT

2/16/95

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

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

ALTSCHULER, LANNY

STREET ADDRESS

451 NE 189TH 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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1983 TIGERTAIL BLVD.

DANIA, FL. 33004

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

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(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 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:

LANNY ALTSCHULER

2/16/95

305-920-0755

Signature and typed or printed name of signing officer or director

Date

Telephone Number