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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S35290** **(3)**

1. Corporation Name
**PLAZA 443, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 18501 MURDOCK CIRCLE<br>SUITE 401 SUNBANK CENTER<br>PORT CHARLOTTE FL 33948 | 18501 MURDOCK CIRCLE<br>SUITE 401 SUNBANK CENTER<br>PORT CHARLOTTE FL 33948 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/04/1991**
3a. Date of Last Report: **06/13/1994**

2. Principal Place of Business (21): 
2a. Mailing Address (26): 
Suite, Apt. #, etc. (22): 
Suite, Apt. #, etc. (27): 
City & State (23): 
City & State (28): 
Zip (24): Country (25): 
Zip (29): Country (30): 

4. FEI Number: **65-0290159** ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FEHR, JEFFREY**
**18501 MURDOCK CIRCLE**
**SUITE 401 SUNBANK CENTER**
**PORT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when manually signed)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | FEHR, RONALD | 12 NAME | |
| STREET ADDRESS | 615 FURROWS ROAD | 13 STREET ADDRESS | |
| CITY-ST-ZIP | HOLTSVILLE NY | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | FEHR, WILLIAM | 22 NAME | |
| STREET ADDRESS | 615 FURROWS ROAD | 23 STREET ADDRESS | |
| CITY-ST-ZIP | HOLTSVILLE NY | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | MARONE, RONALD | 32 NAME | |
| STREET ADDRESS | 19 STILLWOOD ROAD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | BROOKHAVEN NY | 34 CITY-ST-ZIP | |
| TITLE | PST | 41 TITLE | ☐ Change ☐ Addition |
| NAME | FEHR, JEFFREY | 42 NAME | |
| STREET ADDRESS | 18501 MURDOCK CIRCLE, STE 401 SUNBANK CNTR | 43 STREET ADDRESS | |
| CITY-ST-ZIP | POST CHARLOTTE FL | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | FEHR, JEFFREY | 52 NAME | |
| STREET ADDRESS | STE 401 SUNBANK CNTR; 18501 MURDOCK CIRCLE | 53 STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 54 CITY-ST-ZIP | |
| TITLE | VS | 61 TITLE | ☐ Change ☐ Addition |
| NAME | FEHR, JERRY | 62 NAME | |
| STREET ADDRESS | STE 401 SUNBANK CNTR; 18501 MURDOCK CIRCLE | 63 STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 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 Section 119.07(3)(i), 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:** Jeffrey Fehr 5/30/95 813 629-7726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035140 CP