# 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 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S51040** **(1)** pnl 606

1. Corporation Name
**FLAMINGO S.C. CORP.**

| Principal Place of Business | Mailing Address |
|---|---|
| 499 THORNALL STREET<br>EDISON NJ 08837 | DEPT. 0109<br>260 LONG RIDGE ROAD<br>STAMFORD CT 06927-9621 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/09/1991**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business
21: 260 Long Ridge Rd.
22: Suite, Apt. #, etc.
23: City & State: Stamford CT
24: Zip: 06927 25: Country

2a. Mailing Address
26: GE CAPITAL CORPORATION
27: P.O. BOX 9552
28: FT MYERS, FL 33906-9552 Attn: Shannon Williams
29: Zip 30: Country

4. FEI Number: **59-3067945** ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**
**1200 SOUTH PINE ISLAND ROAD**
**PLANTATION FL 33324**

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 of current registered agent if registered agent is being changed) (Signature of new registered agent if registered agent is being changed) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DV | 11 TITLE | A/T | ☐ Change ☒ Addition |
| NAME | PFEIFFER, ROBERT E. | 12 NAME | Oscar Garza | |
| STREET ADDRESS | 260 LONG RIDGE RD. | 13 STREET ADDRESS | 4311 Metro Parkway | |
| CITY ST ZIP | STAMFORD CT | 14 CITY ST ZIP | Ft Myers, FL 33916 | |
| TITLE | DP | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | FRAIZER, MICHAEL D. | 22 NAME | | |
| STREET ADDRESS | 260 LONG RIDGE RD. | 23 STREET ADDRESS | | |
| CITY ST ZIP | STAMFORD CT | 24 CITY ST ZIP | | |
| TITLE | T | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | AMBLE, JOAN C. | 32 NAME | | |
| STREET ADDRESS | 260 LONG RIDGE RD. | 33 STREET ADDRESS | | |
| CITY ST ZIP | STAMFORD CT | 34 CITY ST ZIP | | |
| TITLE | DVS | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | HENRY, DAVID B. | 42 NAME | | |
| STREET ADDRESS | 260 LONG RIDGE RD. | 43 STREET ADDRESS | | |
| CITY ST ZIP | STAMFORD CT | 44 CITY ST ZIP | | |
| TITLE | V | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | FIORE, DOMINIC A. | 52 NAME | | |
| STREET ADDRESS | 777 LONG RIDGE RD. | 53 STREET ADDRESS | | |
| CITY ST ZIP | STAMFORD CT | 54 CITY ST ZIP | | |
| TITLE | AS | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | DELUCA, PATRICIA A. | 62 NAME | | |
| STREET ADDRESS | 260 LONG RIDGE RD. | 63 STREET ADDRESS | | |
| CITY ST ZIP | STAMFORD CT | 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 in an attachment with an address.

**SIGNATURE:** [signature] 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ASSISTANT TREASURER STATE TAXES** (Date)

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