

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S53397** (3)

1. Corporation Name

CODY-TYLER, INC.



Principal Place of Business

Mailing Address

**C/O LEE C. SUMMERS, ESQ.
2300 GLADES ROAD, STE. 460 WEST
BOCA RATON FL 33431**

**C/O LEE C. SUMMERS, ESQ.
2300 GLADES ROAD, STE. 460 WEST
BOCA RATON FL 33431**

3. Date Incorporated or Qualified

05/17/1991

3a. Date of Last Report

08/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

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Zip

Country

Zip

Country

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUMMERS, LEE C ESQ.
2300 GLADES ROAD
STE. 460 WEST
BOCA RATON FL 33431**

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 other if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

DENNIS, JAMES O

STREET ADDRESS

2300 GLADES RD., STE. 460 WEST

CITY-STATE-ZIP

BOCA RATON FL 33431

TITLE

AS

☐ DELETE

NAME

SUMMERS, LEE C

STREET ADDRESS

23000 GLADES RD., STE. 460 WEST

CITY-STATE-ZIP

BOCA RATON FL 33431

TITLE

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CITY-STATE-ZIP

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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SIGNATURE:

Lee C. Summers, Asst. Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

Date

(407) 368-7907

Daytime Phone #

CR2E034 (12/95)