

# 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

DOCUMENT # **S54381** (6)

1. Corporation Name

155 CORP.

Principal Place of Business

155 EAST BOCA RATON RD.  
BOCA RATON FL 33432

Mailing Address

155 EAST BOCA RATON RD.  
BOCA RATON FL 33432

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 20 11 18 AM

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/20/1991

3a. Date of Last Report

04/12/1994

4. FEI Number

65-0265669

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 interjurisdictional under S. 199.002,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KIRSCHNER, MITCHELL B.  
ONE BOCA RATON PLACE  
SUITE 411-E  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name **Derek Vander Ploeg**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**155 E. Boca Raton Road**  
83 **Winkler**  
84 City **Boca Raton** FL 85 Zip Code **33432**

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]*

**Derek Vander Ploeg**

6-2-95

Signature typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                         |
|-----------------|-------------------------|
| TITLE           | PST                     |
| NAME            | VANDER PLOEG, DEREK     |
| STREET ADDRESS  | 155 EAST BOCA RATON RD. |
| CITY - ST - ZIP | BOCA RATON FL           |
| TITLE           | D                       |
| NAME            | VANDER PLOEG, DEREK     |
| STREET ADDRESS  | 155 EAST BOCA RATON RD. |
| CITY - ST - ZIP | BOCA RATON FL           |
| TITLE           | D                       |
| NAME            | VANDER PLOEG, LISA      |
| STREET ADDRESS  | 155 EAST BOCA RATON RD. |
| CITY - ST - ZIP | BOCA RATON FL           |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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 amendment with an address.

SIGNATURE: x

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Derek Vander Ploeg** 6-2-95 407-368-1403  
(Signature Number 8)