

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 11 PM 9:35

DOCUMENT # **S54591** (0)

1. Corporation Name

CELLAR DOOR INTERNATIONAL, INC.

Principal Place of Business

**5555 NORTHWEST 95TH AVENUE
SUNRISE FL 33351**

Mailing Address

**5555 NORTHWEST 95TH AVENUE
SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/23/1991

3a. Date of Last Report

04/19/1994

4. FEI Number

65-0265608

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

21 900 NE 26 AV

2a. Mailing Address

25 900 NE 26 AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT. LAUDERDALE FL

City & State

27 FT. LAUDERDALE FL

Zip

24 33304

Country

25 GROWARD

Zip

29 33304

Country

30 GROWARD

9. Name and Address of Current Registered Agent

**ALBERT J. WASSON, IV
5555 NORTHWEST 95TH AVENUE
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

**81 Name ALBERT J. WASSON, IV
82 Street Address (P.O. Box Number is Not Acceptable) 900 NE 26 AV
83
84 City FT. LAUDERDALE FL 85 Zip Code 33304**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TSD
NAME	WASSON, ALBERT J. IV
STREET ADDRESS	5555 N.W. 95TH AVENUE
CITY - ST - ZIP	SUNRISE FL
TITLE	DV
NAME	MAC DONALD, JOHN S.
STREET ADDRESS	5555 N.W. 95TH AVENUE
CITY - ST - ZIP	SUNRISE FL
TITLE	PD
NAME	BARNETT, DAN
STREET ADDRESS	5555 NW 95TH AVE.
CITY - ST - ZIP	SUNRISE 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	TSDV	☒ Change ☐ Addition
1.2 NAME	WASSON, ALBERT J. IV	
1.3 STREET ADDRESS	900 NE 26 AV	
1.4 CITY - ST - ZIP	FT. LAUDERDALE FL	
2.1 TITLE	DV	☒ Change ☐ Addition
2.2 NAME	MACDONALD, JOHN	
2.3 STREET ADDRESS	900 NE 26 AV	
2.4 CITY - ST - ZIP	FT. LAUDERDALE FL	
3.1 TITLE	PD	☒ Change ☐ Addition
3.2 NAME	BARNETT, DAN	
3.3 STREET ADDRESS	900 NE 26 AV	
3.4 CITY - ST - ZIP	FT. LAUDERDALE FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 110.07(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 resolver 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number