

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY -1 PM 2:05

DOCUMENT # **S69328**

(0)

JOSEPH CHARLES & CO., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

207 CLEMATIS ST.
WEST PALM BEACH FL 33401

207 CLEMATIS ST.
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/29/1991

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

21. Suite Apt # etc.

26. Suite Apt # etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. Country

25. Country

29. Zip

30. Zip

4. FFI Number

65-0273475

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSEPH C. VISCONTI
207 CLEMATIS ST.
WEST PALM BEACH FL 33401

81. Name

82. Street Address (P.O. Box Number, Not Applicable)

83. City

84. City

FL

85. Zip Code

11. I, the undersigned, the undersigned agent, certify that 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 a resident of the State of Florida and accept the obligations of Section 607.0305, Florida Statutes.

SIGNATURE

(Signature of Agent or Registered Agent, if applicable)

(Signature of Agent or Registered Agent, if applicable)

(Signature of Agent or Registered Agent, if applicable)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D
2. NAME	VISCONTI, JOSEPH C
3. STREET ADDRESS	P.O. BOX 2255 N/A
4. CITY	PALM BEACH FL 33480
5. NAME	
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	
13. NAME	
14. NAME	
15. NAME	
16. NAME	
17. NAME	
18. NAME	
19. NAME	
20. NAME	
21. NAME	
22. NAME	
23. NAME	
24. NAME	
25. NAME	
26. NAME	
27. NAME	
28. NAME	
29. NAME	
30. NAME	
31. NAME	
32. NAME	
33. NAME	
34. NAME	
35. NAME	
36. NAME	
37. NAME	
38. NAME	
39. NAME	
40. NAME	
41. NAME	
42. NAME	
43. NAME	
44. NAME	
45. NAME	
46. NAME	
47. NAME	
48. NAME	
49. NAME	
50. NAME	
51. NAME	
52. NAME	
53. NAME	
54. NAME	
55. NAME	
56. NAME	
57. NAME	
58. NAME	
59. NAME	
60. NAME	
61. NAME	
62. NAME	
63. NAME	
64. NAME	
65. NAME	
66. NAME	
67. NAME	
68. NAME	
69. NAME	
70. NAME	
71. NAME	
72. NAME	
73. NAME	
74. NAME	
75. NAME	
76. NAME	
77. NAME	
78. NAME	
79. NAME	
80. NAME	
81. NAME	
82. NAME	
83. NAME	
84. NAME	
85. NAME	
86. NAME	
87. NAME	
88. NAME	
89. NAME	
90. NAME	
91. NAME	
92. NAME	
93. NAME	
94. NAME	
95. NAME	
96. NAME	
97. NAME	
98. NAME	
99. NAME	
100. NAME	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. NAME	
4. NAME	
5. NAME	
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	
13. NAME	
14. NAME	
15. NAME	
16. NAME	
17. NAME	
18. NAME	
19. NAME	
20. NAME	
21. NAME	
22. NAME	
23. NAME	
24. NAME	
25. NAME	
26. NAME	
27. NAME	
28. NAME	
29. NAME	
30. NAME	
31. NAME	
32. NAME	
33. NAME	
34. NAME	
35. NAME	
36. NAME	
37. NAME	
38. NAME	
39. NAME	
40. NAME	
41. NAME	
42. NAME	
43. NAME	
44. NAME	
45. NAME	
46. NAME	
47. NAME	
48. NAME	
49. NAME	
50. NAME	
51. NAME	
52. NAME	
53. NAME	
54. NAME	
55. NAME	
56. NAME	
57. NAME	
58. NAME	
59. NAME	
60. NAME	
61. NAME	
62. NAME	
63. NAME	
64. NAME	
65. NAME	
66. NAME	
67. NAME	
68. NAME	
69. NAME	
70. NAME	
71. NAME	
72. NAME	
73. NAME	
74. NAME	
75. NAME	
76. NAME	
77. NAME	
78. NAME	
79. NAME	
80. NAME	
81. NAME	
82. NAME	
83. NAME	
84. NAME	
85. NAME	
86. NAME	
87. NAME	
88. NAME	
89. NAME	
90. NAME	
91. NAME	
92. NAME	
93. NAME	
94. NAME	
95. NAME	
96. NAME	
97. NAME	
98. NAME	
99. NAME	
100. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am president or clerk for of the corporation or the person or persons empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95

407-659-1700