

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 AM 11:14

DOCUMENT # **S69898** (2)

1. Corporation Name
FLAGLER AUTOMAT, INC.

Principal Place of Business Mailing Address
53 N. FLAGLER AVE **25505 SW 182 AVE**
HOMESTEAD FL 33036 **HOMESTEAD FL 33031**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/26/1991** 3a. Date of Last Report **04/06/1994**
4. FEI Number **65-0272503** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 **33030** 25 Country 29 Country 30

9. Name and Address of Current Registered Agent
PROSEK, FRANK
17401 S.W. 266 TERR
HOMESTEAD FL 33031

10. Name and Address of New Registered Agent
81 Name **GAIL A. PROSEK**
82 Street Address (P.O. Box Number is Not Acceptable) **25505 SW 182 AV**
83
84 City **HOMESTEAD** FL 85 Zip Code **33031**

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 *Gail A. Prosek* **GAIL A. PROSEK** 1/25/95
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PST
NAME	PROSEK, FRANK
STREET ADDRESS	25505 SW 182 AVE
CITY - ST - ZIP	HOMESTEAD FL
TITLE	ST
NAME	PROSEK, GAIL A
STREET ADDRESS	25505 SW 182 AVE
CITY - ST - ZIP	HOMESTEAD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PROSEK, FRANK
1.3 STREET ADDRESS	25505 S.W. 182 AV.
1.4 CITY - ST - ZIP	HOMESTEAD, FL 33031-1886
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PROSEK, GAIL A.
2.3 STREET ADDRESS	25505 S.W. 182 AV.
2.4 CITY - ST - ZIP	HOMESTEAD, FL 33031-1886
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 110.07(3)(a), Florida Statute. 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 attachment with an address.

SIGNATURE: *Gail A. Prosek* **GAIL A. PROSEK** 1/25/95 (305) 241-1936
Signature typed or printed name of signing officer or director DATE Telephone Number