

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 # S71588

(5)

1. Corporation Name

FIFTEENTH STREET, INC.

Principal Place of Business

1900 SE 15 ST
FT LAUDERDALE FL 33316

Mailing Address

1900 SE 15 ST
FT LAUDERDALE FL 33316



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

3. Date Incorporated or Qualified

08/05/1991

3a. Date of Last Report

06/30/1995

4. FET Number

65-0287449

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

DRUM, TED E.
1900 SE 15 ST
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

R. O. Cox

82 Street Address (P.O. Box Number is Not Acceptable)

1900 SE 15 ST

83

84 City

FT Lauderdale,

FL

85 Zip Code

33316

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 registering.

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | DVT | <input checked="" type="checkbox"/> DELETE |
| NAME | DRUM, TED E. | |
| STREET ADDRESS | 1216 SE 11 CT | |
| CITY- ST- ZIP | FT LAUDERDALE FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | CLARK, JULIET | |
| STREET ADDRESS | 2616 DEL MAR PLACE | |
| CITY- ST- ZIP | FT LAUDERDALE FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | DRUM, CAROL | |
| STREET ADDRESS | 1216 SE 11TH CT | |
| CITY- ST- ZIP | FT LAUDERDALE FL | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | COX, ROBERT | |
| STREET ADDRESS | 1300 SE 11TH CT | |
| CITY- ST- ZIP | FT LAUDERDALE FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | CLARK, MACDONALD | |
| STREET ADDRESS | 2616 DEL MAR PLACE | |
| CITY- ST- ZIP | FT LAUDERDALE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | Pres. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Georgia I. Borden | |
| 1.3 STREET ADDRESS | 10986 County Rd 125 | |
| 1.4 CITY- ST- ZIP | Chauumont, N.Y. 13622 | |
| 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 | Robert O Cox | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Vice Pres | |
| 4.3 STREET ADDRESS | 1900 SE 15 ST | |
| 4.4 CITY- ST- ZIP | FT Lauderdale FL 33316 | |
| 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-523-8507

CR2E034 (12/95)