

**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 FEB - 6 PM 4: 26

DOCUMENT # **S75450** (4)

1. Corporation Name  
**11TH STREET INVESTMENT, INC.**

Principal Place of Business: **3400 SW 11TH ST. DEERFIELD BEACH FL 33442**  
Mailing Address: **3400 SW 11TH ST. DEERFIELD BEACH FL 33442**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/22/1991**  
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>65-0292724</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	23	28
Zip	Country	24	29
25	30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>TERWILLIGER, GARY 3400 SW 11TH ST. DEERFIELD BEACH FL 33442</b>		B1	Name
		B2	Street Address (P.O. Box Number is Not Acceptable)
		B3	
		B4	City
		FL	B5 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b>	1.1 TITLE	<b>P/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERWILLIGER, GARY</b>	1.2 NAME	<b>Terwilliger, Gary</b>
STREET ADDRESS	<b>3400 SW 11TH ST.</b>	1.3 STREET ADDRESS	<b>3400 SW 11th. Street</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	1.4 CITY-ST-ZIP	<b>Deerfield Beach, FL. 33442</b>
TITLE		2.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Hye, Thoresa M.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>3400 SW 11th. Street</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Deerfield Beach, FL. 33442</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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 of this report, or an attachment with an address.

SIGNATURE: *Gary Terwilliger* **Gary Terwilliger - President**  
1-26-95  
805 428 8555