

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

REGISTRATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

APPROVED
AND
FILED

05/12/1995 10:35

OFFICE OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S88981**

(3)

DEMODFORD, INC.

13010 STATE ROAD 84
DAVIE FL 33325

13010 STATE ROAD 84
DAVIE FL 33325

FOR FILING IN THIS SPACE

3. Filing Date of Report 10/22/1991	3a. Date of Last Report 06/21/1994
4. Filing Office 65-0292188	Applied Fee 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. Name of Corporation DEMODFORD, INC.	2a. Mailing Address 13010 STATE ROAD 84 DAVIE FL 33325
21. State of Incorporation FL	26. State of Principal Office FL
22. Date of Incorporation 10/22/1991	27. Date of Last Report 06/21/1994
23. City DAVIE	28. City & State DAVIE FL
24. Zip 33325	29. Zip 33325

9. Name and Address of Current Registered Agent

**ALMAN, MICHAEL J. ESQUIRE
2450 HOLLYWOOD BLVD #401
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the above named corporation is duly qualified to do business in the State of Florida. I am a resident of the State of Florida and I am duly qualified to do business in the State of Florida.

Signature of Officer or Director: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME P MODERT, DANIEL E.	1170 FAIRFAX LANE FT. LAUDERDALE FL	1. NAME P MODERT, DANIEL E.	Change ☐ Addition ☐
NAME TD MODERT, MARILY M.	1170 FAIRFAX LANE FT. LAUDERDALE FL	2. NAME TD MODERT, MARILY M.	Change ☐ Addition ☐
NAME		3. NAME	Change ☐ Addition ☐
NAME		4. NAME	Change ☐ Addition ☐
NAME		5. NAME	Change ☐ Addition ☐
NAME		6. NAME	Change ☐ Addition ☐
NAME		7. NAME	Change ☐ Addition ☐
NAME		8. NAME	Change ☐ Addition ☐
NAME		9. NAME	Change ☐ Addition ☐
NAME		10. NAME	Change ☐ Addition ☐

14. I, the undersigned, do hereby certify that the information supplied with this filing is substantially true and correct, and that I am duly qualified to do business in the State of Florida. I am a resident of the State of Florida and I am duly qualified to do business in the State of Florida.

SIGNATURE: *Marilyn M. Modert* **MARILY M. MODERT** 5-1-95 (305) 476-0667

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(The following text is extremely faint and largely illegible due to low contrast and blurring. It appears to be a list or index of items.)

1995

[illegible]

APPROVED
AND
FILED

DOCUMENT # **S89153**

(8)

ELECTRONICS CORNER, INC.

1910:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

49 NE 2ND AVE MIAMI FL 33131 US		169 E. FLAGLER STREET SUITE 1521 MIAMI FL 33131		STATE OF FLORIDA DEPARTMENT OF REVENUE	
2. Filing Fee: \$100.00		2b. Mailed & Filing Fee: \$100.00		3. Date of Registration: 10/22/1991	
21. Filing Fee: \$100.00		26. Mailed & Filing Fee: \$100.00		4. Filing Fee: 65-0285790	
22. Filing Fee: \$100.00		27. 261 N.E. 1st St. 4th fl.		5. Filing Fee: \$8.75 Additional Fee Required	
23. Filing Fee: \$100.00		28. Miami, FL		6. Filing Fee: \$5.00 May Be Added to Fees	
24. Filing Fee: \$100.00		29. 33132		8. Filing Fee: \$100.00	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
SHOAFF, NISSIM B 169 E. FLAGLER STREET SUITE 1521 MIAMI FL 33131		81. Name: BEN-SHOAFF, NISSIM 82. Street Address: 261 NE 1st STREET 83. 4th FLOOR 84. MIAMI FL 33131			
11. I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct statement of the facts and circumstances as the same exist, and that the same are true and correct to the best of my knowledge and belief.					
12. OFFICERS AND DIRECTORS					
13. AGENT'S ADDRESS					
14. I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct statement of the facts and circumstances as the same exist, and that the same are true and correct to the best of my knowledge and belief.					

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR