

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norment
Secretary of State
Division of Corporations

APPROVED
AND
FILED

50 MAY -1 PM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S92656**

(5)

1. Corporation Name
STATE, CORP.

Principal Office Address
**650 NE 23RD PLACE
POMPANO BEACH FL 33064**

Mailing Address
**650 NE 23RD PLACE
POMPANO BEACH FL 33064**

Do not fill in this space

3. Date for Corporation's Filing 11/07/1991	3a. Date of Last Report 02/09/1994
4. File Number 65-0301680	Applied For ☐ Not Applicable
5. Certificate of Status Provided ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation is subject for corporate tax under S. 1201(3), Florida Statutes. ☐ Yes ☒ No	

2. Principal Office Address 21	2a. Mailing Address 26
2b. State Apt. # etc. 22	2c. State Apt. # etc. 27
2d. City & State 23	2e. City & State 28
2f. Zip 24	2g. Zip 29
2h. Zip 25	2i. Zip 30

9. Name and Address of Current Registered Agent

**CATALANO, REMO
650 NE 23RD PLACE
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

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

11. I, the undersigned, as president of the corporation, certify and affirm that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is in compliance with the provisions of the Florida Statutes, Chapter 607, Florida Statutes, relating to the filing of this report and the appointment of a registered agent.

Signature of Officer

12. ADDITIONAL REGISTERED AGENTS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME PTS CATALANO, REMO 650 NE 23RD PLACE POMPANO BEACH FL	1. NAME ☐ Change ☐ Addition
2. STREET ADDRESS ☐ Change ☐ Addition	
3. CITY ☐ Change ☐ Addition	
4. STATE ☐ Change ☐ Addition	
5. ZIP CODE ☐ Change ☐ Addition	
6. NAME ☐ Change ☐ Addition	
7. STREET ADDRESS ☐ Change ☐ Addition	
8. CITY ☐ Change ☐ Addition	
9. STATE ☐ Change ☐ Addition	
10. ZIP CODE ☐ Change ☐ Addition	
11. NAME ☐ Change ☐ Addition	
12. STREET ADDRESS ☐ Change ☐ Addition	
13. CITY ☐ Change ☐ Addition	
14. STATE ☐ Change ☐ Addition	
15. ZIP CODE ☐ Change ☐ Addition	

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is in compliance with the provisions of the Florida Statutes, Chapter 607, Florida Statutes, relating to the filing of this report and the appointment of a registered agent.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

REMO CATALANO, INC. T. S.

4/26/95 405-781-3494