FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V04296 (2)

1. Corporation Name
SUELLEN AND COMPANY, INC.

Principal Place of Business
1845 HILLVIEW ST.
SARASOTA FL 34239

Mailing Address
1845 HILLVIEW ST.
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 4728 E ROBIN HOOD TRAIL	2a. Mailing Address: 26 4728 E ROBIN HOOD TRAIL
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 SARASOTA, FL. 34232	City & State: 28 SARASOTA, FL. 34232
Zip: 24 34232 — Country: 25 USA	Zip: 29 34232 — Country: 30 USA

3. Date Incorporated or Qualified: 01/06/1992
3a. Date of Last Report: 08/15/1994
4. FEI Number: 65-0304394 ☐ 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

GARABEDIAN, SUELLEN
1845 HILLVIEW ST
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 4728 E ROBIN HOOD TRAIL
83
84 City: SARASOTA FL 85 Zip Code: 34232

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

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	GARABEDIAN, SUELLEN
STREET ADDRESS	1845 HILLVIEW ST.
CITY ST ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	☒ Change ☐ Addition
1.2 NAME	GARABEDIAN, SUELLEN	
1.3 STREET ADDRESS	4728 E. ROBIN HOOD TRAIL	
1.4 CITY ST ZIP	SARASOTA, FL. 34232	
2.1 TITLE		☐ Change ☐ Addition
3.1 TITLE		☐ Change ☐ Addition
4.1 TITLE		☐ Change ☐ Addition
5.1 TITLE		☐ Change ☐ Addition
6.1 TITLE		☐ Change ☐ Addition

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: Suellen Garabedian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (Date)
813-951-6245 (Daytime Phone #)

0344028 CP