


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

APPROVED AND FILED

95 JUL 20 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V05472** (8)

1. Corporation Name
PONDEROSA INTERNATIONAL, INC.

Principal Place of Business: **241 OLD MEADOW WAY, PALM BCH GARDENS FL 33418 US**

Mailing Address: **241 OLD MEADOW WAY, PALM BCH GARDENS FL 33418 US**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **01/08/1992**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0415090**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**DESORMIER-CARTWRIGHT, ANNE
500 AUSTRALIAN AVENUE SOUTH
10TH FLOOR
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
301 N. Olive Avenue
83 Suite 601
84 City **West Palm Beach** FL 85 Zip Code **33401**

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 office or agent, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Anne M. Desormier-Cartwright* Anne M. Desormier-Cartwright 7-17-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DESORMIER-CARTWRIGHT, ANNE'
STREET ADDRESS	500 AUSTRALIAN AVE. 10TH FLOOR
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	P
NAME	CARTWRIGHT, GARY R
STREET ADDRESS	241 OLD MEADOW WAY
CITY-ST-ZIP	PALM BEACH GARDEN FL 33418
TITLE	ST
NAME	DESORMIER-CARTWRIGHT, ANNE'
STREET ADDRESS	500 AUSTRALIAN AVE. S. 10TH FLOOR
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Anne M. Desormier-Cartwright* Anne M. Desormier-Cartwright 7/17/95 407-937-3117