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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -2 AM 8:51

DOCUMENT # V09595

(2)

1. Corporation Name

SUSAN LARUE DESIGN SERVICES, INC..

Principal Place of Business

3300 UNIVERSITY DR  
SUITE 615  
CORAL SPRINGS FL 33065

Mailing Address

3300 UNIVERSITY DR  
SUITE 615  
CORAL SPRINGS FL 33067  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1992

3a. Date of Last Report

06/01/1994

4. FEI Number

65-0358382

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

2. Principal Place of Business

21 8222 Wiles Rd

Suite, Apt. #, etc.

22 #185

City & State

23 Coral Springs, FL

Zip

24 33067

2a. Mailing Address

26 8222 Wiles Road

Suite, Apt. #, etc.

27 #185

City & State

28 Coral Springs, FL

Zip

29 33067

Country

30

9. Name and Address of Current Registered Agent

LARUE, SUSAN  
8222 WILES ROAD  
STE. 185  
CORAL SPRINGS FL 33067

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. 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

(Signature of Registered Agent or Registered Agent and the Corporation)

(Signature of Registered Agent or Registered Agent and the Corporation)

(Signature)

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LARUE, SUSAN  
STREET ADDRESS 8222 WILES ROAD STE. 185  
CITY, ST, ZIP CORAL SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 registered or trusted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/95 - 305 755-7091  
Toll-free 1-800-352-7091