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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:44

DOCUMENT # V24318 (0)

1. Corporation Name
TEAGARDEN BUSINESS ENTERPRISES INC.

Principal Place of Business
3700 N.W. 87TH AVENUE
CORAL SPRINGS FL 33065
US

Mailing Address
P.O. BOX 635197
MARGATE FL 33063-5192
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1992
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business
21 3116 N. Federal Hwy
Suite, Apt. #, etc.
22 359
City & State
23 Lighthouse Point, FL
Zip 24 33062
Country 25 Broward

2a. Mailing Address
26 3116 N Federal Hwy
Suite, Apt. #, etc.
27 359
City & State
28 Lighthouse Point FL
Zip 29 33062
Country 30 Broward

4. FEI Number: 65-0335374 — 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
TEAGARDEN, WILLIAM G.
3700 NW 84 AVE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2800 NE 14th St. Cswy, #132
83
84 City Pompano Beach FL 85 Zip Code 33064

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] 4/2/95
Signature (fixed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☑ Change ☐ Addition
NAME	TEAGARDEN, WILLIAM G.	12 NAME		
STREET ADDRESS	3700 NW 84 AVE	13 STREET ADDRESS	2800 NE 14th St. Cswy, #132	
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 a 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: [signature] 4/2/95 305-753-5214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone #

04H6331 FP