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 APR 20 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V35623** **(0)**

1. Corporation Name
TWO NINETEEN, INC.

Principal Place of Business	Mailing Address
2789 N.E. 37 DRIVE FORT LAUDERDALE FL 33308	2789 N.E. 37 DRIVE FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/11/1992**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **65-0410074**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MURDOCH, ROBERT E. **790 EAST BROWARD BLVD.** **SUITE 400** **FORT LAUDERDALE FL 33301**	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	TOOMEY, THOMAS	1.2 NAME	Thomas Toomey	
STREET ADDRESS	2789 N.E. 37TH DR.	1.3 STREET ADDRESS	2789 NE 37th Drive	
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	Fort Lauderdale, Florida	
TITLE		2.1 TITLE	D/V/S	☐ Change ☒ Addition
NAME		2.2 NAME	Edward Toomey	
STREET ADDRESS		2.3 STREET ADDRESS	2789 NE 37th Drive	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Fort Lauderdale, Florida	
TITLE		3.1 TITLE	D/T	☐ Change ☒ Addition
NAME		3.2 NAME	Shirley Toomey	
STREET ADDRESS		3.3 STREET ADDRESS	2789 NE 37th Drive	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Fort Lauderdale, Florida	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: x Thomas Toomey - THOMAS TOOMEY (PLES) 4-12-95 (305) 561-8057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

061444 CP