

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:55

DOCUMENT # **V35948** (1)

1. Corporation Name

FLORENCE LEWIS, INC.

Principal Place of Business

Mailing Address

2602 NW 103 AVE
BLDG 191
SUNRISE FL 33322

2602 NW 103 AVE
BLDG 191
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/14/1992	3a. Date of Last Report 02/17/1994
4. FEI Number 65-0329796	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. 195.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**LEWIS, FLORENCE
2602 NW 103 AVE
BLDG 191
SUNRISE FL 33322**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
85. Zip Code	FL

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

(Print or type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when needed)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D LEWIS, FLORENCE	1.1 TITLE	☐ Change ☐ Addition
2. STREET ADDRESS	2602 NW 103 AVE BLDG 191	1.2 NAME	
3. CITY - ST - ZIP	SUNRISE FL	1.3 STREET ADDRESS	
4. NAME		1.4 CITY - ST - ZIP	
5. NAME		2.1 TITLE	☐ Change ☐ Addition
6. STREET ADDRESS		2.2 NAME	
7. CITY - ST - ZIP		2.3 STREET ADDRESS	
8. NAME		2.4 CITY - ST - ZIP	
9. NAME		3.1 TITLE	☐ Change ☐ Addition
10. STREET ADDRESS		3.2 NAME	
11. CITY - ST - ZIP		3.3 STREET ADDRESS	
12. NAME		3.4 CITY - ST - ZIP	
13. NAME		4.1 TITLE	☐ Change ☐ Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY - ST - ZIP		4.3 STREET ADDRESS	
16. NAME		4.4 CITY - ST - ZIP	
17. NAME		5.1 TITLE	☐ Change ☐ Addition
18. STREET ADDRESS		5.2 NAME	
19. CITY - ST - ZIP		5.3 STREET ADDRESS	
20. NAME		5.4 CITY - ST - ZIP	
21. NAME		6.1 TITLE	☐ Change ☐ Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY - ST - ZIP		6.3 STREET ADDRESS	
24. NAME		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)(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 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

Florence Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(System 1 Item 2)