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 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V36624 (7)

1. Corporation Name
INAMCO, INC.

Principal Place of Business	Mailing Address
2751 W. 81ST ST. HIALEAH FL 33016 US	~~2751 W. 81ST STREET~~ ~~HIALEAH FL 33016~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0333496	Applied For / Not Applicable
5. Certificate of Status Desired: X	$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 X No	

2. Principal Place of Business	2a. Mailing Address
21	26 5029 N.W. 95th Dr
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28 Coral Springs FL
Zip: 24 / Country: 25	Zip: 29 33076 / Country: 30 USA

9. Name and Address of Current Registered Agent

STEELE, GORDON
~~2751 W 81ST CT~~
~~HIALEAH FL 33016~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 5029 N W 95th Dr
83:
84 City: Coral Springs FL 85 Zip Code: 33076

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when qualified) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PDS ☒ Change ☐ Addition
NAME	STEELE, GORDON	12 NAME	STEELE, GORDON
STREET ADDRESS	~~2751 W 81ST CT~~	13 STREET ADDRESS	5029 N W 95th Dr
CITY ST ZIP	~~HIALEAH FL~~	14 CITY ST ZIP	Coral Springs, FL 33076
TITLE	~~D~~	21 TITLE	VTD ☒ Change ☐ Addition
NAME	~~MENOIA, ROBERT~~	22 NAME	Marynelle P. Steele
STREET ADDRESS	~~10141 E TROON CIR~~	23 STREET ADDRESS	5029 N W 95th Dr
CITY ST ZIP	~~MIAMI LAKES FL~~	24 CITY ST ZIP	Coral
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)(i), Florida Statutes. I further certify that the information indicated on this 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 added, or is attached with an address.

SIGNATURE: _____ GORDON STEELE III 4/14/95 (305)556-2111
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000234 CP