

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah B. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V39027 (O)

1. Corporation Name

C. STUART INC.

Principal Place of Business

4521 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021
US

Mailing Address

4521 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

State Apt # etc

22

City & State

23

ZIP

Country

24

25

2a. Mailing Address

26

State Apt # etc

27

City & State

28

ZIP

Country

29

30

4. FEI Number

65-0346020

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 198.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BLOCK, CLAYTON
9946 NW 6TH COURT
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

BLOCK, CLAYTON

82 Street Address (P.O. Box Number is Not Acceptable)

13060 VISTA ISLE DRIVE

83

APARTMENT #217

84 City

SUNRISE

FL

85 Zip Code

33325

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 person appointed agent or the appointor)

(Agent may direct Agent for dual registered agent, including)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PSD
BLOCK, CLAYTON
9946 NW 6TH COURT
PLANTATION 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

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

☐ Change ☐ Addition

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

☐ Change ☐ Addition

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

☐ Change ☐ Addition

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

☐ Change ☐ Addition

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

☐ Change ☐ Addition

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.1 through 13.24, or both, as indicated on this report.

SIGNATURE:

Clayton Block

CLAYTON BLOCK

(Signature typed or printed name of signing officer or director)

5/1/95

(305) 981-1981

(Type)

(Telephone Number)