

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 MAR 3

DOCUMENT # V45287

(2)

1. Corporation Name

ALWAYS ORCHIDS, INC.

95 MAR 31 PM 12: 09

Principal Place of Business

10805 SW 112 ST
MIAMI FL 33176

Mailing Address

11323 S W 133 PLACE
MIAMI FL 33186
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1992

3a. Date of Last Report

04/27/1994

4. FCI Number

NOT APPLICABLE

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

2. Principal Place of Business

21 6830 CARTEE RD

2a. Mailing Address

26 6830 CARTEE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33158

Country

25 USA

Zip

29 33158

Country

30 USA

9. Name and Address of Current Registered Agent

SOUTHERLAND, STEPHEN S.
9449 OLD DIXIE HWY
MIAMI FL 33156

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and date of appointment

NOTE: Registered Agent signature required when terminating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCMILLEN, BERTRAM D., III
STREET ADDRESS	11323 SW 133 PLACE
CITY ST ZIP	MIAMI FL
TITLE	STD
NAME	MCMILLEN, SARAH J.
STREET ADDRESS	11323 SW 133 PALCE
CITY ST ZIP	MIAMI FL
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	6830 CARTEE RD
14 CITY ST ZIP	MIAMI FL 33158
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	6830 CARTEE RD
24 CITY ST ZIP	MIAMI FL 33158
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *Bertram D. McMillen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95 305
254-8843