

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 9:59

DOCUMENT # **V46812** (6)
1. Corporation Name
TWENTY SIX OAKWOOD CORP.

Principal Place of Business Mailing Address
7900 GLADES ROAD SUITE 640 BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/24/1992** 3a. Date of Last Report **02/01/1994**
4. FEI Number **65-0349363** 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 2a. Mailing Address
21 **7900 Glades Road** 26 **7900 Glades Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 420** 27 **Suite 420**
City & State City & State
28 **Boca Raton, Fl.** 29 **Boca Raton, Fl.**
Zip Country Zip Country
24 **33434** 25 **Palm Beach** 29 **33434** 30 **Palm Beach**

9. Name and Address of Current Registered Agent

TOPPEL JONATHAN
7900 GLADES ROAD
SUITE 640 420
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name **Toppel, Jonathan**
82 Street Address (P.O. Box Number is Not Acceptable) **7900 Glades Road**
83 **Suite 420**
84 City **Boca Raton** FL 85 **33434**

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 fee if applicable.

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TOPPEL, JONATHAN
STREET ADDRESS	7900 GLADES RD. #640
CITY - ST - ZIP	BOCA RATON 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	Toppel, Jonathan	
1.3 STREET ADDRESS	7900 Glades Rd #420	
1.4 CITY - ST - ZIP	Boca Raton, Fl. 33434	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

Jonathan Toppel
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Jonathan Toppel 4074514696
DATE