

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

APPROVED
AND
FILED

95 APR 28 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V50244** (5)

1. Corporation Name

DAD & MIKE ENTERPRISES OF WINTER PARK, INC.

Principal Place of Business

500 N. ORANGE AVE.
SUITE 1249
WINTER PARK FL 32789

Mailing Address

500 N ORLANDO AVENUE
1249
WINTER PARK FL 32789
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/10/1992

3a. Date of Last Report

03/08/1994

4. FEI Number

59-3131140

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. 198.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 501 N. Orlando Ave

Suite, Apt. #, etc.

22 Suite 301

City & State

23 Winter Park, FL

Zip

24 32789

Country

25 USA

2a. Mailing Address

26 501 N. Orlando Ave

Suite, Apt. #, etc.

27 Suite 301

City & State

28 Winter Park, FL

Zip

29 32789

Country

30 USA

9. Name and Address of Current Registered Agent

POLIDORE, MARK
500 N ORLANDO AVENUE
SUITE 1249
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Polidore, Mark
Street Address (P.O. Box Number is Not Acceptable)
552 West Palm Valley Drive

83

84 City

Oviedo

FL

85 Zip Code

32765

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

Mark J. Polidore

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

4/24/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
POLIDORE, MARK
500 N ORLANDO AVENUE #1249
WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark J. Polidore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

DATE

407-740-5259

Telephone Number