

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 FEB 27 PM 12:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V53519 (7)

1. Corporation Name

LONGWOOD, INC.

Principal Place of Business

**3079 NE 163RD ST
N MIAMI BEACH FL 33160
US**

Mailing Address

**PO BOX 630817
MIAMI FL 33163
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1992

3a. Date of Last Report

03/08/1994

4. FEI Number

65-0359496

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PREMIER ASSET MANAGEMENT

3040 NE 163RD ST

NO MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name

PREMIER ASSET MANAGEMENT, INC.

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

3115 NE 163 STREET

83

84 City

NO. MIAMI BEACH

FL

85 Zip Code

33160

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

JACK AZOUT, PRES.

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

AZOUT, JACK

STREET ADDRESS

3802 NE 207TH CT #1502

CITY - ST - ZIP

N MIAMI BEACH FL

TITLE

S

NAME

AZOUT, GILDA

STREET ADDRESS

3802 NE 207TH CT #1502

CITY - ST - ZIP

N MIAMI BEACH 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

P/D

☒ Change

☐ Addition

1.2 NAME

AZOUT, JACK

1.3 STREET ADDRESS

3802 NE 207 STREET #1502

1.4 CITY - ST - ZIP

NO. MIAMI BEACH, FL 33180

2.1 TITLE

S/D

☒ Change

☐ Addition

2.2 NAME

AZOUT, GILDA

2.3 STREET ADDRESS

3802 NE 207 STREET #1502

2.4 CITY - ST - ZIP

NO. MIAMI BEACH, FL 33180

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)(a), 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:

JACK AZOUT, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 935-5175