

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Dorinda B. Northington
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # V59261

(0)

1. Corporation Name

DANDRON CORPORATION

95 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualified 08/21/1992
3a. Date of Last Report 06/27/1994

4. FEI Number 65-0352998
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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Principal Place of Business Mailing Address
409 S.E. MIZNER BLVD 824 S.E. 16 PLACE
SUITE #71 DEERFIELD BEACH FL 33441
BOCA RATON FL 33432 US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

DANDRON, KATHERINE E.
824 S.E. 16 PLACE
DEERFIELD BEACH FL 33441

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 607.1506, 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 607.0502, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or New Registered Agent, if applicable)

(Signature of Registered Agent or New Registered Agent, if applicable)

12. OFFICERS AND DIRECTORS

TITLE D
NAME DANDRON, KATHERINE E.
STREET ADDRESS 824 SE 16 PLACE
CITY, ST, ZIP DEERFIELD BEACH FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME VICE PRESIDENT ☐ Change ☒ Addition
2 NAME SMITH, MARGARET M.
3 STREET ADDRESS 2517 N. OCEAN BLVD. #307
4 CITY, ST, ZIP BOCA RATON, FL 33431

21 NAME
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 NAME ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 NAME ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 NAME ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 NAME ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this report is accurately furnished and deemed to be true and correct for the information stated in Section 199.032(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 of Block 13 of changed or on an attachment with an address.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

5-1-95

407 750-0560