SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT 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 JUN 22 AM 8:44

DOCUMENT # **V64484** **(1)**

1. Corporation Name
1110 PARTNERS, INC.

Principal Place of Business	Mailing Address
5390 HARBORAGE DR. FT. MYERS FL 33908	5390 HARBORAGE DR. FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/17/1992**
3a. Date of Last Report: **06/14/1994**

2. Principal Place of Business
21: 5600 Harborage Dr.
22: Suite, Apt. #, etc.
23: City & State: Ft. Myers Fl
24: Zip: 33908
25: County

2a. Mailing Address
26: 5600 Harborage Dr.
27: Suite, Apt. #, etc.
28: City & State: Ft. Myers Fl
29: Zip: 33908
30: Country

4. FEI Number: **65-0356718** ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	✓	☒ Change ☐ Addition
NAME	BYAL, TIMOTHY P.	12 NAME	✓	
STREET ADDRESS	5390 HARBORAGE DR.	13 STREET ADDRESS	5600 Harborage Dr.	
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	✓	
TITLE	D	21 TITLE	✓	☒ Change ☐ Addition
NAME	BYAL, CHRISTOPHER F.	22 NAME	✓	
STREET ADDRESS	5390 HARBORAGE DR.	23 STREET ADDRESS	5600 Harborage Dr.	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	✓	
TITLE	D	31 TITLE	✓	☒ Change ☐ Addition
NAME	WENGER, LINDA	32 NAME	✓	
STREET ADDRESS	5390 HARBORAGE DR.	33 STREET ADDRESS	5600 Harborage Dr.	
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP	✓	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(i), 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 11 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/15/95 (813) 267-6808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0106317 CP