

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 20 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V70556 (8)

1. Corporation Name

CORAL SPRINGS AWNING AND REPAIR, INC.

Principal Place of Business

**7546 W MCNAB RD
BAY 6
N LAUDERDALE FL**

Mailing Address

**7546 W MCNAB RD
BAY 6
N LAUDERDALE FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1992

3a. Date of Last Report

08/30/1994

4. FEI Number

APPLIED FOR *65-0369407

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. The corporation has liability for intangible tax under S. 199.032
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 648 NE 40 CT

2a. Mailing Address

26 698 NE 40 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT LAUD FLA

City & State

28 FT LAUD FLA

Zip

24 33334

Country

25 BROW

Zip

29 33334

Country

30 BROWARD

9. Name and Address of Current Registered Agent

**CATARCIO, RICHARD T.
3511 W COMMERCIAL BLVD
SUITE 215
FT LAUDERDALE FL 33309**

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

Signature: Typed or printed name of registered agent and title of appointment

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME STEELE, STEVEN J.
STREET ADDRESS 9352 NW 53RD STREET
CITY- ST- ZIP SUNRISE FL 33351**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

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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

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 887, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven J. Steele

president

4/20/95 (305) 568-5484