

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V71975 (9)**

1. Corporation Name
LORAN INC.

Principal Place of Business: **650 NE 19TH AVE DEERFIELD BEACH FL 33441 US**

Mailing Address: **650 NE 19TH AVE DEERFIELD BEACH FL 33441 US**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. State, Apt. #, etc.: **27**

23. City & State: **28**

24. City: **25** County: **29** State: **30**

APPROVED
FILED
05 MAY 1995 AM 1:55
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/13/1992**

3a. Date of Last Report: **07/21/1994**

4. FCI Number: **65-0365697**

Applied For: Not Applicable:

5. Certificate of Status Drawn: \$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 managing tax under Chapter 492, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**JONES ROY J
650 NE 19TH AVE
DEERFIELD BEACH FL 33441-3721**

10. Name and Address of New Registered Agent

81. Name: _____

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

83. _____

84. City: _____ State: **FL** 85. Zip Code: _____

11. Pursuant to the provisions of Sections 607.04(7) and 607.1509, 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 607.04(7), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1101. TITLE: PSD	1102. NAME: JONES, ROY J	1301. TITLE: TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1103. STREET ADDRESS: 650 NE 19TH AVE	1104. CITY, ST., ZIP: DEERFIELD BEACH FL	1302. NAME: MARIA I. CADENAS	
1105. CITY, ST., ZIP: _____	1106. CITY, ST., ZIP: _____	1303. STREET ADDRESS: 7407 SW 82 ST-C-209	
1107. CITY, ST., ZIP: _____	1108. CITY, ST., ZIP: _____	1304. CITY, ST., ZIP: MIAMI FL 33143	
1109. CITY, ST., ZIP: _____	1110. CITY, ST., ZIP: _____	1305. CITY, ST., ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1111. CITY, ST., ZIP: _____	1112. CITY, ST., ZIP: _____	1306. CITY, ST., ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1113. CITY, ST., ZIP: _____	1114. CITY, ST., ZIP: _____	1307. CITY, ST., ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1115. CITY, ST., ZIP: _____	1116. CITY, ST., ZIP: _____	1308. CITY, ST., ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1117. CITY, ST., ZIP: _____	1118. CITY, ST., ZIP: _____	1309. CITY, ST., ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1119. CITY, ST., ZIP: _____	1120. CITY, ST., ZIP: _____	1310. CITY, ST., ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), Florida Statutes. I further certify that the information is filed on the annual report or supplemental annual report as 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a if attached to the attachment with an address.

SIGNATURE: **X** 
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROY J. JONES, PRESIDENT

Date: **4/20/95** Telephone: **(305) 429-8338**