

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 MAR 23 AM 10:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 342886 (9)**  
1. Corporation Name  
**FORT PITT CORP.**

Principal Place of Business      Mailing Address  
**420 HOLLYWOOD MALL  
HOLLYWOOD FL 33021**      **420 HOLLYWOOD MALL  
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/12/1969**      **03/25/1994**

2. Principal Place of Business      2a. Mailing Address  
21 **4519 POLK ST**      26 **SAME**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

4. FEI Number      Applied For  
**59-1261777**      Not Applicable

22      27  
City & State      City & State

5. Certificate of Status Desired            **\$8.75 Additional  
Fee Required**

23 **HOLLYWOOD FL.**      28  
City & State      City & State

6. Election Campaign Financing            **\$5.00 May Be  
Trust Fund Contribution      Added to Fees**

24 **33021**      25 **BROWARD**      29      30  
Zip      Country      Zip      Country

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SINGER, AARON S  
4519 POLK ST  
HOLLYWOOD FL 33021**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 *Aaron S. Singer Pres.*      DATE **3/18/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PO</b>
NAME	<b>SINGER, AARON S</b>
STREET ADDRESS	<b>420 HOLLYWOOD MALL</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>D</b>
NAME	<b>SINGER, RUTH</b>
STREET ADDRESS	<b>420 HOLLYWOOD MALL</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: *Aaron S. Singer*      DATE **3/18/95**      **205 987 1769**  
Signature and typed or printed name of signing officer or director      (Date)      (Filing Fee #)