(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

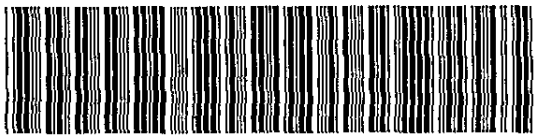
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

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DO NOT WRITE IN THIS SPACE

1989 JUL 13 AM 10 18

FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

CORPORATION

ANNUAL REPORT
1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: *Secretary of State*

1 Name and Address of Corporation Principal Office

ZIP + 4

017109 0
THE CORPORATION COMPANY
% C.T. CORPORATION SYSTEM
8751 WEST BROWARD BLVD
PLANTATION, FL 33324-2630

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida: 06/23/1925

4 Federal Employer Identification Number (FEIN): 51-0099484

5 Date of Last Report: 07/08/1988

6 Names and Street Addresses of Each Officer and Director as of December 31, 1988

	Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (DO NOT Use Post Office Box Numbers) 3	City and State 4
1	P/D	THORNE, OAKLEIGH	1209 ORANGE STREET	WILMINGTON, DE
2	T	FINORA, JOSEPH J.	1209 ORANGE STREET	WILMINGTON, DE
3	V/D	LOTORTO, LOUIS A.	1209 ORANGE STREET	WILMINGTON, DE
4	~~S~~	~~KLINGENBER, ELLEN~~	~~1209 ORANGE STREET~~	~~WILMINGTON, DE~~
4x	S	MILONE, THERESA	1209 ORANGE STREET	WILMINGTON, DE
5	A/S	ALLEN, DONALD R.	8751 W BROWARD BLVD	PLANTATION, FL
5x				
6				
6x				

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION, FL 33324

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL.

Zip Code 85

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors.

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered) Agent Accepting Appointment)

10 If a foreign corporation, date first transacted business in Florida _____

11. *See signature restrictions under instructions on reverse side of this form*

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer or Director signing must be listed in Block 6.)

Signature	Date
	6/27/89
Typed Name of Signing Officer or Director: Joseph J. Finora	Title: Treasurer
	Telephone Number

12. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐ $5 Additional Fee required for a Certificate of Status