

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 12 PM 10:39

DOCUMENT # **L48091** (7)  
1. Corporation Name  
**THE 581 COMPANY**

Principal Place of Business Mailing Address  
**3066 S FLORIDA AVE  
INVERNESS FL 34442** **PO BOX 2564  
INVERNESS FL 34451  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/01/1990** 3a. Date of Last Report **04/20/1994**  
4. FEI Number **59-2999041** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**URBAN, MARY E  
1903 SILVERWOOD ST  
INVERNESS FL 34451**

10. Name and Address of New Registered Agent  
81 Name **JOSEPH URBAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3276 E. CROWN DR.**  
83  
84 City **INVERNESS** FL 85 Zip Code **34453**

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 **Joseph Urban** **PRESIDENT** DATE **1/21/95**  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>
NAME	<b>URBAN, MARY E</b>
STREET ADDRESS	<b>1903 SILVERWOOD ST</b>
CITY - ST - ZIP	<b>INVERNESS FL 34453</b>
TITLE	<b>VPD</b>
NAME	<b>URBAN, JOSEPH</b>
STREET ADDRESS	<b>1903 SILVERWOOD ST</b>
CITY - ST - ZIP	<b>INVERNESS FL 34453</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Joseph Urban</b>	
1.3 STREET ADDRESS	<b>3276 E. CROWN DR.</b>	
1.4 CITY - ST - ZIP	<b>INVERNESS, FL 34453</b>	
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 119.07(3)(k), 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, unchanged, or on an attachment with an address.  
SIGNATURE: **Joseph Urban** DATE **4/12/95** **904 344 4222**  
Signature and typed or printed name of signing officer or director (Date) (Signature Place)