

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAY 31 AM 9:18

**DOCUMENT # S30608 (1)**

1. Corporation Name  
**L-1011 PARTNERS, INC.**

Principal Place of Business Mailing Address  
**950 S.E. 12TH ST. HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/08/1991</b>		3a. Date of Last Report <b>08/10/1994</b>	
4. FEI Number <b>65-0242046</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FINAZZO, NICOLAS 950 SE 12TH STREET HIALEAH FL 33010</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City <b>FL</b> B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the corporation. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DV</b>	NAME <b>MEENAN, BILL</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5400 NW 36TH STREET</b>	CITY- ST- ZIP <b>MIAMI FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY- ST- ZIP	
TITLE <b>PD</b>	NAME <b>WELLS, AL</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>950 SE 12TH STREET</b>	CITY- ST- ZIP <b>HIALEAH FL</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY- ST- ZIP	
TITLE <b>S</b>	NAME <b>BACHELOR, ANNE O.</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>950 SE 12TH ST.</b>	CITY- ST- ZIP <b>HIALEAH FL</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY- ST- ZIP	
TITLE <b>T</b>	NAME <b>HIGGINS, JOHN</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>950 SE 12TH ST.</b>	CITY- ST- ZIP <b>HIALEAH FL</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY- ST- ZIP	
TITLE <b>AS</b>	NAME <b>DAWSON, HUMPHREY</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>950 SE 12TH ST.</b>	CITY- ST- ZIP <b>HIALEAH FL</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
TITLE <b>VAS</b>	NAME <b>FINAZZO, NICOLAS</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>950 SE 12TH ST.</b>	CITY- ST- ZIP <b>HIALEAH FL</b>	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 Sections 110.07(2)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

*Anne O. Bachelor*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

SECRETARY

5-22-95 (305) 987-4500