

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **V40042** (6)

1. Corporation Name

COMPANY C, INC.

65 MAY 1 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**4264 NORTHLAKE BLVD.
PALM BEACH GARDENS FL 33410**

Main Office Address

**4264 NORTHLAKE BLVD.
PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/01/1992** 3a. Date of Last Report **04/29/1994**

4. FEI Number **65-0338404** 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 § 199.012 Florida Statutes Yes No

2. Principal Place of Business

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Subs. Agent Name

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City & State

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2b. Mailed Address

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Subs. Agent Name

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City & State

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9. Name and Address of Current Registered Agent

**SMITH, CAROL
7660 162ND CT. N.
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.01 and 607.02 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 and responsibilities of a registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY, STATE, ZIP
DPT	SMITH, CAROL	7660 162ND COURT PALM BEACH GARDENS FL	
DVS	SCHIAVE, FRANCES T.	7660 162ND COURT PALM BEACH GARDENS FL	

ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	Change	Add
1. NAME	<input type="checkbox"/>	<input type="checkbox"/>
2. STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
3. CITY, STATE, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4. NAME	<input type="checkbox"/>	<input type="checkbox"/>
5. STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
6. CITY, STATE, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
7. NAME	<input type="checkbox"/>	<input type="checkbox"/>
8. STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
9. CITY, STATE, ZIP	<input type="checkbox"/>	<input type="checkbox"/>
10. NAME	<input type="checkbox"/>	<input type="checkbox"/>
11. STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
12. CITY, STATE, ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Sections 119.071 and 119.072 Florida Statutes. I further certify that the information contained in this report is not a confidential communication and that my signature shall have the same legal effect as if made under oath. This report is filed on behalf of the corporation and the information contained herein is not to be used for any purpose other than that for which it is filed. It is a violation of Sections 119.071 and 119.072 Florida Statutes to make any other use of this report as required by Sections 607.01 Florida Statutes, and that my name appears on Block 12 or Block 13 of this document only as an authorized agent.

SIGNATURE:

Carol Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28 95 407-946 7570