

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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Walker
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **821393** (6) 100
1. Corporation Name: **TANDY CORPORATION** 00-47501
FL
4-30

Principal Place of Business: **1800 ONE TANDY CENTER FORT WORTH TX 76102-2819**
Mailing Address: **1800 ONE TANDY CENTER FORT WORTH TX 76102-2819**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified: 04/30/1968		3a. Date of Last Report: 05/01/1994	
21. Subst. Apt. #, etc.	22. City & State	23. Zip	24. County	25. Subst. Apt. #, etc.	26. City & State	27. Zip	28. County
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LUCENA, MOE 3201 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309				b1. Name			
				b2. Street Address (P.O. Box Number is Not Acceptable)			
				b3.			
				b4. City			
				b5. Zip Code: FL			
4. FEI Number: 75-1047710 Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/> 5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under S. 199.033, Florida Statute: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

11. Pursuant to the provisions of Sections 607.04(2) and 607.04(3) of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 provisions of Sections 607.04(2) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94	
01. TITLE: VP	HUGHES, DWAIN 1800 ONE TANDY CENTER FT. WORTH TX	01. TITLE: SR. VP/CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. TITLE: VS	WINN, H.C. 732 N. WN TARRANT AVE. BURLESON TX	02. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
03. TITLE: PD	ROACH, JOHN V. 3812 ARBORLAWN DR. FT. WORTH TX	03. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
04. TITLE: VS	SHEETS, JIM 1900 ONE TANDY CENTER FT. WORTH TX	04. TITLE: DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
05. TITLE:		05. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06. TITLE:		06. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
07. TITLE:		07. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am duly qualified to act as the registered agent for the corporation named in this report. I further certify that the information included in this annual report is true and correct and that my signature shall have the same legal effect as if made on the oath that I am an officer or director of the corporation or the secretary or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed or on an attached and fully an address.

SIGNATURE: *Dwain Hughes* **SR. VP/CFO** **4-24-95** **817-390-3116**
 PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Matthews
Secretary of State
CONSTITUTIONAL CENTER, TALLAHASSEE, FL 32304

APPROVED
AND
FILED

50 MAY 11 1995

TALLAHASSEE, FLORIDA

DOCUMENT # **821610** (3)

1. Corporation Name
GULFSTREAM HOUSING CORP.

2. Principal Place of Business: 10147 W OAKLAND PARK BLVD
SUNRISE FL 33351
US

3. Mailing Address: 10147 W OAKLAND PARK BLVD
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/03/1968**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-1212815**

5. Certificate of Status Desired: 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

6. This corporation has elected not to participate in section 5109(b)(2), Florida Statutes: Yes No

2. Principal Place of Business: 21

2a. Mailing Address: 26

22. Suite, Apt # etc. 27

23. City & State: 28

24. 25. 29. 30.

9. Name and Address of Current Registered Agent
SCHIMEK, SIMONE
10147 W OAKLAND PARK BLVD
SUNRISE FL 33351

10. Name and Address of New Registered Agent

B1 Name: **PATRICIA A LEIBOWITZ**

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City: **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE: *[Signature]* 4-25-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PVTD	NAME: LEIBOWITZ, PATRICIA	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 10147 W OAKLAND PARK BLVD	CITY: SUNRISE FL	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY, ST, ZIP:	
TITLE: D	NAME: HOUCHEIN, PETER	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 10147 W OAKLAND PARK BLVD	CITY: SUNRISE FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY, ST, ZIP:	
TITLE: S	NAME: SCHIMEK, SIMONE	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PATRICIA A. LEIBOWITZ
STREET ADDRESS: 10147 W OAKLAND PARK BLVD	CITY: SUNRISE FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY, ST, ZIP:	
TITLE:	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY, ST, ZIP:	
TITLE:	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY, ST, ZIP:	
TITLE:	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY, ST, ZIP:	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(a), Florida Statutes. I further certify that the information included 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 person or officer empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on the 1, 2, or 3 of the report or on an amendment with an addition.

SIGNATURE: *[Signature]* 4-20-95 4246189

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ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DORIS B. MORGAN
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **823515** (2)
SUPERIOR SURGICAL MFG CO., INC.

APPROVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: SEMINOLE BLVD. AT 100TH TERR
PO BOX 4002
SEMINOLE FL 34642-1002

Mailing Address: SEMINOLE BLVD. AT 100TH TERR
PO BOX 4002
SEMINOLE FL 34642-1002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/12/1969	3a. Date of Last Report 05/01/1994
4. FEI Number 11-1385670	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
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 the 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: *N/A*

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
01. TITLE 02. NAME 03. STREET ADDRESS 04. CITY, ST, ZIP	VD BENSTOCK, PETER SEMINOLE BLVD AT 100TH SEMINOLE FL	01. TITLE 02. NAME 03. STREET ADDRESS 04. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01. TITLE 02. NAME 03. STREET ADDRESS 04. CITY, ST, ZIP	PD SCHWARTZ, ALAN SEMINOLE BLVD AT 100TH SEMINOLE, FL 00000	01. TITLE 02. NAME 03. STREET ADDRESS 04. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01. TITLE 02. NAME 03. STREET ADDRESS 04. CITY, ST, ZIP	TVPS JOHANSEN, JOHN W SEMINOLE BLVD AT 100TH SEMINOLE, FL 00000	01. TITLE 02. NAME 03. STREET ADDRESS 04. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01. TITLE 02. NAME 03. STREET ADDRESS 04. CITY, ST, ZIP	VD SCHECHTER, SAUL SEMINOLE BLVD AT 100TH SEMINOLE, FL 00000	01. TITLE 02. NAME 03. STREET ADDRESS 04. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01. TITLE 02. NAME 03. STREET ADDRESS 04. CITY, ST, ZIP	PD BENSTOCK, MICHAEL SEMINOLE BLVD AT 100TH SEMINOLE, FL 00000	01. TITLE 02. NAME 03. STREET ADDRESS 04. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
01. TITLE 02. NAME 03. STREET ADDRESS 04. CITY, ST, ZIP	CEO BENSTOCK, GERALD M SEMINOLE BLVD AT 100TH SEMINOLE, FL 00000	01. TITLE 02. NAME 03. STREET ADDRESS 04. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 135.07(3)(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 on the oath. I am an officer or director of the corporation or the receiver or trustee or assignee of the corporation and I am entering this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or as an attachment with no change.

SIGNATURE: *[Signature]*
JOHN W. JOHANSEN
SR VP - Treasurer
9/27/95
813 397 9611