FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

95 MAY -1 AM 9:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **540535** (2)

1. Corporation Name

HORVATH & HORVATH, INC.

Principal Place of Business	Mailing Address
18391 NORTHEAST 4TH COURT NORTH MIAMI BEACH FL 33179	18391 NORTHEAST 4TH COURT NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 18345 Northeast 4th Ct	2a. Mailing Address: 26 18345 Northeast 4th court
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

3. Date Incorporated or Qualified: **06/14/1977**
3a. Date of Last Report: **09/23/1994**
4. FEI Number: **59-1753312** ☐ 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

9. Name and Address of Current Registered Agent

ROSCOE, BETH HORVATH
18391 NORTHEAST 4TH COURT
NORTH MIAMI BEACH, FL 33179

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	1 TITLE	☐ Change ☐ Addition
NAME	ROSCOE, HORVATH BETH	1 NAME	
STREET ADDRESS	18391 NE 4TH COURT	1 STREET ADDRESS	18345 Northeast 4th court
CITY-ST-ZIP	N MIAMI BEACH FL	1 CITY-ST-ZIP	
TITLE	DP	2 TITLE	☐ Change ☐ Addition
NAME	ROSCOE, DOUGLAS A.	2 NAME	
STREET ADDRESS	18391 NE 4TH COURT	2 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	18345 Northeast 4th court
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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 if changed, or on an attachment with an address.

SIGNATURE: Beth H. Roscoe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95 Date
305 654-8436 Daytime Phone #

0106264 CP