

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:51

DOCUMENT # **565139** (3)

1. Corporation Name  
**BARRY L. WACHHOLDER, P.A., CERTIFIED PUBLIC ACCOUNTANT**

Principal Place of Business: **PUBLIC ACCOUNTANT, 7501 NW 4TH ST #112, PLANTATION FL 33317**  
Mailing Address: **PUBLIC ACCOUNTANT, 7501 NW 4TH ST #112, PLANTATION FL 33317**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/09/1978**  
3a. Date of Last Report: **04/26/1994**  
4. FPI Number: **59-1784954**  
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: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**WACHHOLDER, BARRY L.  
7501 NW 4TH ST #112  
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

(Signature required for present name of registered agent and the filer, applicable)

(DATE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **PD**  
2. NAME: **WACHHOLDER, BARRY L.**  
3. STREET ADDRESS: **7501 NW 4TH ST #112**  
4. CITY, ST, ZIP: **PLANTATION FL**  
5. TITLE: **T**  
6. NAME: **STREIMER, LAURA**  
7. STREET ADDRESS: **7501 NW 4TH ST 112**  
8. CITY, ST, ZIP: **PLANTATION FL**

1. 1. TITLE  
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3. STREET ADDRESS  
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61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY, ST, ZIP

**S**  
**GARCIA, RAMONA**  
**7501 NW 4th St 112**  
**Plantation Florida 33317**

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 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 individual empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12, or Block 13 if applicable, or on an attachment with an address.

SIGNATURE: *Sandra B. Myrland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-95  
DATE