

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

CORPORATION ANNUAL REPORT 1995

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 PM 4:01

DOCUMENT # 681775 (3)  
1. Corporation Name  
AHEARN, JASCO & COMPANY, P.A.

Principal Place of Business Mailing Address  
180 S.E. 19 AVENUE 180 S.E. 19 AVENUE  
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/12/1980	03/21/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2008973	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		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. 199.032, 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			
AHEARN, THOMAS F 180 S.E. 19 AVENUE POMPANO BEACH FL 33060				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 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 \_\_\_\_\_  
(Print name, typed or printed name of registered agent or director) (Print Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE	DP	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME	AHEARN, THOMAS F.	11.2 NAME	
11.3 STREET ADDRESS	180 S.E. 19 AVENUE	11.3 STREET ADDRESS	
11.4 CITY, ST, ZIP	POMPANO BEACH FL	11.4 CITY, ST, ZIP	
11.5 TITLE	<del>DP</del>	11.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 NAME	<del>JASCO, RONALD J.</del>	11.6 NAME	DELETE
11.7 STREET ADDRESS	<del>180 S.E. 19 AVENUE</del>	11.7 STREET ADDRESS	
11.8 CITY, ST, ZIP	<del>POMPANO BEACH FL</del>	11.8 CITY, ST, ZIP	
11.9 TITLE	DP	11.9 TITLE	V6 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 NAME	BORKOWSKI, MIKE	11.10 NAME	
11.11 STREET ADDRESS	180 S.E. 19 AVE.	11.11 STREET ADDRESS	
11.12 CITY, ST, ZIP	POMPANO BCH FL	11.12 CITY, ST, ZIP	
11.13 TITLE	VD	11.13 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 NAME	MCDONOUGH, REBECCA L	11.14 NAME	
11.15 STREET ADDRESS	180 SE 19 AVE	11.15 STREET ADDRESS	
11.16 CITY, ST, ZIP	POMPANO BEACH FL	11.16 CITY, ST, ZIP	
11.17 TITLE	VD	11.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18 NAME	TOUPIN, WILLIAM R	11.18 NAME	
11.19 STREET ADDRESS	180 SE 19TH AVENUE	11.19 STREET ADDRESS	
11.20 CITY, ST, ZIP	POMPANO BEACH FL	11.20 CITY, ST, ZIP	
11.21 TITLE	VD	11.21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11.22 NAME	FAUMOT, FRANK E	11.22 NAME	JALMOT, FRANK E
11.23 STREET ADDRESS	1800 SE 10 AVE	11.23 STREET ADDRESS	
11.24 CITY, ST, ZIP	POMPANO BCH FL	11.24 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and claim no liability for the information related in Sections 119.03(3)(b), 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 receiver or a person 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 any attachment with an address.

SIGNATURE: 1/11/95 305-781-8800  
(Type Name)