

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY - 1 AM 5:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F33611** (7)

1. Corporation Name  
**FEILER & ASSOCIATES, P.A.**

Principal Place of Business Mailing Address  
**1515 N. FEDERAL HWY.  
SUITE 300  
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>05/06/1981</b>	3a. Date of Last Report <b>07/26/1994</b>
4. FEI Number <b>59-2090012</b>	Applied for <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199(2)(2) Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**FEILER, FRANKLIN D  
1515 N. FEDERAL HWY.  
SUITE 300  
BOCA RATON FL 33432**

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 199, 200, and 601.1(2)(b) 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 a registered agent under Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. APPLICANTS, MANAGERS, SECRETARIES, REGISTERED AGENTS, AND TRUSTEES
1. NAME: DP FEILER, FRANKLIN D 1515 N. FEDERAL HWY. BOCA RATON FL	1. NAME: _____ 2. ADDRESS: _____ 3. CITY: _____ 4. STATE: _____ 5. ZIP: _____
2. NAME: _____	6. NAME: _____ 7. ADDRESS: _____ 8. CITY: _____ 9. STATE: _____ 10. ZIP: _____
3. NAME: _____	11. NAME: _____ 12. ADDRESS: _____ 13. CITY: _____ 14. STATE: _____ 15. ZIP: _____
4. NAME: _____	16. NAME: _____ 17. ADDRESS: _____ 18. CITY: _____ 19. STATE: _____ 20. ZIP: _____
5. NAME: _____	21. NAME: _____ 22. ADDRESS: _____ 23. CITY: _____ 24. STATE: _____ 25. ZIP: _____
6. NAME: _____	26. NAME: _____ 27. ADDRESS: _____ 28. CITY: _____ 29. STATE: _____ 30. ZIP: _____

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and shows the reality for the description stated in Sections 199(2)(a), Florida Statutes. I further certify that the information is stated on this annual report or supplementary 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 liquidator appointed to receive the report as required by Chapter 601, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: *Franklin D Feiler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1995 (407) 265-2600