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95 MAY -1 AM 4:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F64279 (5)

**1. Corporation Name
NEJAME AND HYMAN, P. A.**

**Principal Place of Business Mailing Address
1520 EAST AMELIA ST 1520 EAST AMELIA ST
ORLANDO FL 32803 ORLANDO FL 32803**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/22/1992 3a. Date of Last Report 03/08/1994

4. FEI Number 59-2176291 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 1991 U.S.C. Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

**HYMAN, STUART I
1520 EAST AMELIA ST
ORLANDO FL 32803**

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 607.05(3) and 607.15(6) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 607.05(3) Florida Statutes.

SIGNATURE _____ **Signature of Registered Agent** _____ **Signature of Corporation** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	DPST	17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEJAME, MARK	18 NAME	
STREET ADDRESS	1520 EAST AMELIA ST	19 STREET ADDRESS	
CITY & STATE	ORLANDO FL	20 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	21 NAME	
NAME	HYMAN, STUART	22 NAME	
STREET ADDRESS	1520 EAST AMELIA ST	23 STREET ADDRESS	
CITY & STATE	ORLANDO FL	24 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	25 NAME	
NAME	HYMAN, STUART	26 NAME	
STREET ADDRESS	1520 EAST AMELIA ST	27 STREET ADDRESS	
CITY & STATE	ORLANDO FL	28 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		29 NAME	
NAME		30 NAME	
STREET ADDRESS		31 STREET ADDRESS	
CITY & STATE		32 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		33 NAME	
NAME		34 NAME	
STREET ADDRESS		35 STREET ADDRESS	
CITY & STATE		36 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		37 NAME	
NAME		38 NAME	
STREET ADDRESS		39 STREET ADDRESS	
CITY & STATE		40 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law 1995 (1) 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 trustee empowered to conduct this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or is an attachment with an address.

SIGNATURE: *Mark E. [Signature]* **5/1/95** **407-896-0536**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR