

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 3:56

DOCUMENT # **F77433** (3)

1. Corporation Name
ROBERT B. SCHARF, P.A.

Principal Place of Business Mailing Address
201 SE 12 STREET FT. LAUDERDALE FL 33316 **201 SE 12 STREET FT. LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/21/1982** 3a. Date of Last Report **04/11/1994**

4. FEI Number **59-2184367** 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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1415 E. Sunrise Blvd** 26 **1415 E. Sunrise Blvd**
22 **Suite 410** 27 **Suite 410**
23 **FT Land, Fla** 28 **FT Land, Fla**
24 **33304** 25 **Broward** 29 **33304** 30 **Broward**

9. Name and Address of Current Registered Agent
SCHARF, ROBERT B. P.A.
201 SE 12 ST
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent
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 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business of 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 provisions of Sections 607.0505, Florida Statutes.

SIGNATURE *Robert Scharf* **Robert Scharf** **1-12-95**

12. OFFICERS AND DIRECTORS

1. NAME	PST SCHARF, ROBERT B
2. STREET ADDRESS	1160 N. FEDERAL HWY 1016 FT. LAUDERDALE FL
3. CITY	D
4. NAME	SCHARF, ROBERT B
5. STREET ADDRESS	1160 N. FEDERAL HWY 1016 FT. LAUDERDALE FL
6. CITY	
7. NAME	
8. STREET ADDRESS	
9. CITY	
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. NAME	
14. STREET ADDRESS	
15. CITY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

16. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS		
18. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME		
20. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. NAME		
26. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied on this filing is substantially true and correct. I am familiar with and accept the provisions of Sections 607.0505, Florida Statutes, and that my signature shall have the same legal effect as if made under oath. This is a true and correct copy of the information contained on this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 11 if changed, or on Block 12 if changed, of this report.

SIGNATURE: *Robert Scharf* **Robert Scharf** **1-12-95**
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