FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G15215** **(8)**

1. Corporation Name

DE MEO, MOTT & COMPANY, CERTIFIED PUBLIC ACCOUNTANTS, A PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
2400 E COMMERCIAL BLVD STE #517 FT LAUDERDALE FL 33308	2400 E COMMERCIAL BLVD STE #517 FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1982
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2246681 ☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

DE MEO, ANTHONY
2400 E COMMERCIAL BLVD, STE 517
FT. LAUDERDALE FL 33308

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 607.0502 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

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	DE MEO, ANTHONY
STREET ADDRESS	5851 HOLMBERG ROAD #2111
CITY-ST-ZIP	PARKLAND FL
TITLE	VD
NAME	MOTT, JOSEPH G. JR.
STREET ADDRESS	4363 NE 67TH AVE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Blocks 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, each with ☐ Change ☐ Addition — blank)

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 indicated on the 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 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 an attachment with an address.

SIGNATURE: Joseph Mott, Jr. 4/30/95 305-351-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0214826 CP