

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 19 AM 9:49

DOCUMENT # G41333

(7)

1. Corporation Name

BARRY A. PEMSLER, P.A.

Principal Place of Business

**3191 CORAL WAY #701
MIAMI FL 33145**

Mailing Address

**3191 CORAL WAY #701
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/31/1983

3a. Date of Last Report
02/16/1994

4. FEI Number
59-2305263

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contributions ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.02,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PEMSLER, BARRY A.
3191 CORAL WAY #701
MIAMI FL 33145**

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

Signature (typed or printed name of registered agent and this office use)

(If 11. Registered Agent is public, registered agent firm, type)

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DP
PEMSLER, BARRY A
3191 CORAL WAY #701
MIAMI 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (FOR 12)

13.001

1. NAME

1.001 STREET ADDRESS

1.001 CITY-ST-ZIP

☐ Change ☐ Addition

2.001

2. NAME

2.001 STREET ADDRESS

2.001 CITY-ST-ZIP

☐ Change ☐ Addition

3.001

3. NAME

3.001 STREET ADDRESS

3.001 CITY-ST-ZIP

☐ Change ☐ Addition

4.001

4. NAME

4.001 STREET ADDRESS

4.001 CITY-ST-ZIP

☐ Change ☐ Addition

5.001

5. NAME

5.001 STREET ADDRESS

5.001 CITY-ST-ZIP

☐ Change ☐ Addition

6.001

6. NAME

6.001 STREET ADDRESS

6.001 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 190.02, Florida Statutes. I further certify that the information submitted on this form is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered trustee company named in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR

BARRY A PEMSLER 1/12/95

305-446-9838