

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

APPROVED
AND
FILED

95 MAR 27 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G53314 (2)

1. Corporation Name

P.A. ASSOCIATES, INC.

Principal Place of Business

Mailing Address

% STEPHEN A. FREEMAN
520 BRICKELL KEY DR., OFFICE PLAZA, #305
MIAMI FL 33131

% STEPHEN A. FREEMAN
520 BRICKELL KEY DR., OFFICE PLAZA, #305
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/09/1983

3a. Date of Last Report
03/07/1994

4. FEI Number
59-2797217

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 S. 19A.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, STEPHEN A.
520 BRICKELL KEY DR.
OFFICE PLAZA, #305
MIAMI FL 33131

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 officer 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 of current or proposed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	ROBERTS, TOMAS J.	520 BRICKELL KEY, #305	MIAMI FL
VS	ROBERTS, ANA MARIA	520 BRICKELL KEY, #305	MIAMI FL
S	FREEMAN, STEPHEN A.	520 BRICKELL KEY #305	MIAMI FL

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP

8000001442298

03/29/95--01082

****200.00 ****200.00

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 110.0713(k), Florida Statutes. I further certify that the information indicated 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 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: *Tomas J. Roberts* Tomas J. Roberts

3-1-1995

(205) 374-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PRESIDENT)