

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 FEB -7 PM 3:14

DOCUMENT # G77267 (4)

1. Corporation Name

DR. HARRY PEPE AND ASSOCIATES, INC.

Principal Place of Business

**6248 MIRAMAR PARKWAY
MIRAMAR FL 33023**

Mailing Address

**6248 MIRAMAR PARKWAY
MIRAMAR FL 33023**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/03/1984

3a. Date of Last Report
03/22/1994

4. FEI Number
59-2466190

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. 199.032,
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

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**PEPE, WILLIAM F
6248 MIRAMAR PARKWAY
MIRAMAR FL 33023**

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 title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **PEPE, HARRY III M D**
STREET ADDRESS **6248 MIRAMAR PARKWAY**
CITY-ST-ZIP **MIRAMAR FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **ST**
NAME **PEPE, WILLIAM**
STREET ADDRESS **6248 MIRAMAR PARKWAY**
CITY-ST-ZIP **MIRAMAR FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VP**
NAME **PEPE, HARRY J R**
STREET ADDRESS **6248 MIRAMAR PARKWAY**
CITY-ST-ZIP **MIRAMAR FL**

3.1 TITLE **ASSISTANT SECRETARY** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D**
NAME **NYDICK, ROGER J**
STREET ADDRESS **6248 MIRAMAR PARKWAY**
CITY-ST-ZIP **MIRAMAR FL**

4.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D**
NAME **MARGOLIS, MICHAEL I D.O.**
STREET ADDRESS **6248 MIRAMAR PARKWAY**
CITY-ST-ZIP **MIRAMAR FL**

5.1 TITLE **ASSISTANT SECRETARY** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 190.07(3)(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 addendum with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM PEPE, SECRETARY/TREAS.

X **1/31/95 (30) 981-4811**