

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 APR 20 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G85199

(9)

1. Corporation Name

CHARLES R. STEINBERG, P.A.

600001466346

-04/27/95--01038--018

***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/13/1984

3a. Date of Last Report

04/05/1994

4. FEI Number

59-2368352

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

21 135 W. CENTRAL

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 1000

Suite Apt. #, etc.

27 SAME

City & State

23 ORLANDO FL

City & State

28 SAME

Zip

24 32801

Country

25 USA

Zip

29 SAME

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEINBERG, CHARLES R.

710 E. COLONIAL DR. 135 W. CENTRAL #1000

SUITE 103

ORLANDO FL 32803

32801

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE PD
NAME STEINBERG, CHARLES R.
STREET ADDRESS 710 E. COLONIAL DR., SUITE 103.
CITY - ST - ZIP ORLANDO FL

11 TITLE
12 NAME
13 STREET ADDRESS 135 W. CENTRAL #1000
14 CITY - ST - ZIP ORLANDO FL 32801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES R. STEINBERG

PRESIDENT 4-13-95 407-425-4605

Date

Daytime Phone #