

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:51

DOCUMENT # **H41320** (3)

1. Corporation Name
ROBERTA S. FINE P.A.

Principal Place of Business Mailing Address
BLDG. 21 TRUMAN ANNEX **BLDG. 21 TRUMAN ANNEX**
201 FRONT ST., SUITE 104 **201 FRONT ST., SUITE 104**
KEY WEST FL 33040 **KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **818 WHITE STREET** 26 **818 WHITE STREET**
State Apt # or City & State City & State
22 **KEY WEST, FL** 27 **KEY WEST, FL**
City & State City & State
23 **KEY WEST, FL** 28 **KEY WEST, FL**
Zip Country Zip Country
24 **33040** 25 **USA** 29 **33040** 30 **USA**

3. Date Incorporated or Qualified **02/04/1985** 3a. Date of Last Report **03/07/1994**
4. FEI Number **59-2517188** 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

9. Name and Address of Current Registered Agent
FINE, ROBERTA S.
BLDG. 21 TRUMAN ANNEX
201 FRONT ST., SUITE 104
KEY WEST FL 33040

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]* 3/23/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PST**
NAME **FINE, ROBERTA S.**
STREET ADDRESS **201 FRONT ST., SUITE 104**
CITY ST ZIP **KEY WEST 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

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4), 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 authorized to execute 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF DRIVING OFFICER OR DIRECTOR

3/23/95 305-294-0128
Registered Office #