

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR -7 AM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K55029 (8)**

1. Corporation Name  
**MESSER, VICKERS, CAPARELLO, MADSEN, GOLDMAN & ME  
TZ, P.A.**

Principal Place of Business Mailing Address  
**215 S. MONROE ST., SUITE 701 (323011871)  
P.O. BOX 1876  
TALLAHASSEE FL 32302-1876  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/01/1989** 3a. Date of Last Report **05/01/1994**

21	2. Principal Place of Business	2a.	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		<b>59-2921100</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MADSEN, H MICHAEL  
215 SOUTH MONROE STREET  
SUITE 701 FIRST FLORIDA BANK BLDG.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	State
	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 *Michael Madsen* **H. Michael Madsen** **March 31, 1995**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSER, JAMES ELLIOTT	2. NAME	
STREET ADDRESS	3529 RAYMOND DIEHL ROAD	3. STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	4. CITY, ST, ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPARELLO, DOMINIC M.	2.2 NAME	
STREET ADDRESS	5123 ILE DE FRANCE	2.3 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	2.4 CITY, ST, ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADSEN, H. MICHAEL	3.2 NAME	
STREET ADDRESS	925 LOTHIAN DRIVE	3.3 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	3.4 CITY, ST, ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARFEL, TIMOTHY J.	4.2 NAME	D/V
STREET ADDRESS	3748 FORSYTHE WAY	4.3 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	4.4 CITY, ST, ZIP	
TITLE	DV	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERS, CASS D.	5.2 NAME	D/S
STREET ADDRESS	8031 EVENING STAR LANE	5.3 STREET ADDRESS	WALDORN, LAUREN T.
CITY, ST, ZIP	TALLAHASSEE FL	5.4 CITY, ST, ZIP	Rt 3; Box 652
TITLE	TD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, ROBERT S.	6.2 NAME	D/T
STREET ADDRESS	2041 CHATSWORTH WAY	6.3 STREET ADDRESS	MAIDA, MICHAEL B.
CITY, ST, ZIP	TALLAHASSEE FL	6.4 CITY, ST, ZIP	4003 ROWELING OAKS COURT
			TALLAHASSEE, FL 32303

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 119.07(3)(b), 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: *Michael Madsen* **H. Michael Madsen** **3/31/95** **9042220720**