FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L52818** **(6)**

1. Corporation Name

ALLEN & MEIROSE, P.A.

NAME CHANGE - MEIROSE & FRISCIA, P.A.

Principal Place of Business	Mailing Address
ONE URBAN CENTRE 4830 W. KENNEDY BLVD.. SUITE 340 TAMPA FL 33609	ONE URBAN CENTRE 4830 W. KENNEDY BLVD.. SUITE 340 TAMPA FL 33609

3. Date Incorporated or Qualified: 03/02/1990
3a. Date of Last Report: 01/24/1995

2. Principal Place of Business
21 500 N. Westshore Bl.
Suite, Apt. #, etc.
22 Suite 635
City & State
23 Tampa, Florida
Zip
24 33609
Country
25 HILLSBOROUGH

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-2983538 ☐ 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

MEIROSE, LEO H., JR.
4830 W. KENNEDY BLVD.
SUITE 340, ONE URBAN CENTRE
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: MEIROSE, LEO H., JR.
82 Street Address (P.O. Box Number is Not Acceptable): 500 N. Westshore Boulevard, Ste. 635
83
84 City: Tampa **FL** 85 Zip Code: 33609

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MEIROSE, LEO H JR 4830 W KENNEDY BLVD #340 TAMPA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PDT MEIROSE, LEO H JR 500 N. Westshore Bl., Ste. 635 Tampa, Florida 33609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALLEN, C STEPHEN 4830 W KENNEY BLVD #340 TAMPA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FRISCIA, FRANCIS E. 4830 W. KENNEDY BLVD. #340 TAMPA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DVS FRISCIA, FRANCIS E 500 N. Westshore Bl., Ste. 635 Tampa, Florida 33609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	900001742275 -03/13/96--01121--012 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: _____, President — 2-5-96 — 813-289-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #