

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****DOCUMENT # L78263 (5)**

1. Corporation Name

FEE FOR SERVICES OF SOUTH FLORIDA INC.**APPROVED
AND
FILED****95 MAY -1 AM 8:22****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**110 MERRICK WAY STE 2D
CORAL GABLES FL 33134**

Mailing Address

**110 MERRICK WAY STE 2D
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/04/1990

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0192845

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 1200 S. PINE ISLAND ROAD

2a. Mailing Address

26 P.O. BOX 19205

Suite, Apt. #, etc.

22 140

Suite, Apt. #, etc.

City & State

23 PLANTATION, FLA.

City & State

28 PLANTATION, FLA.

Zip

24 33324

Country

25 USA

Zip

29 33318-9205

Country

30 USA

9. Name and Address of Current Registered Agent

**ZELMAN, ALAN
13311 S.W. 102 STREET
MIAMI FL 33186**

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 resigning

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZELMAN, ALAN
STREET ADDRESS	13311 SW 102 ST.
CITY - ST - ZIP	MIAMI FL
TITLE	P
NAME	BICK, MARIO
STREET ADDRESS	1144 NE 209 TERR
CITY - ST - ZIP	NO MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
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:

MARIO BICK, PRES.**4-28-95****305-474-1113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Type or Print Name)