

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT 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 AUG - 8 AM 11: 30

DOCUMENT # P92000004619 (2)

1. Corporation Name
TAMARA A. VAUGHN, P.A.

Principal Place of Business	Mailing Address
2121 PONCE-DE-LEON-BLVD. SUITE 1040 CORAL GABLES FL 33134	2121 PONCE-DE-LEON-BLVD. SUITE 1040 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/09/1992	3a. Date of Last Report 08/18/1994
4. FEI Number 65-0377251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 194.042, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1172 S. Dixie Hwy Suite, Apt. #, etc. 22 Suite 252	26 Same Suite, Apt. #, etc. 27
23 Coral Gables, FL City & State	28 City & State
24 33146 Zip	25 U.S. Country
29	30

9. Name and Address of Current Registered Agent
**VAUGHN, TAMARA A ESQ.
2121 PONCE-DE-LEON BLVD.
SUITE 1040
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name Tamara A. Vaughn, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 1172 S. Dixie Highway
83 Suite 252
84 City Coral Gables
85 FL
86 Zip Code 33146

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: *Tamara A. Vaughn* *Tamara A. Vaughn* **7/31/95**
Signature of Registered Agent (Typed or printed name of registered agent in 9a) (if applicable) NOTE: Registered Agent signature required when re-registering DATE

12. OFFICERS AND DIRECTORS

TITLE D	NAME VAUGHN, TAMARA A
STREET ADDRESS 23631 S.W. 142ND AVENUE	
CITY - ST - ZIP HOMESTEAD FL 33032	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Tamara A. Vaughn* *Tamara A. Vaughn* **7/31/95** **651567-2566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (License #)

CR2E084 (3/95)