

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 30, 1994.**  
**AMOUNT DUE ON OR BEFORE 8/15/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$975)**

**CORPORATION  
 ANNUAL REPORT  
 1995**



FLORIDA DEPARTMENT OF STATE  
 John Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

**APPROVED  
 AND  
 FILED**

**95 MAY -1 AM 6:27**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**

**DOCUMENT #**

*P9300000571*

1. Corporation Name

**GUY E. MOTZER, P.A.**

Mailing Address

**200 S. BISCAYNE BLVD.  
 MIAMI, FL 33131-2398**

Principal Place of Business

**200 S. BISCAYNE BLVD.  
 MIAMI, FL 33131-2398**

If above addresses are incorrect in any way, use through reverse information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/01/1993</b>	3a. Date of Last Report <b>2/23/94</b>
4. FEI Number <b>65-0382778</b>	Applied For Not Applicable
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Mailing Address	2a. Principal Place of Business
21 State Apt #, etc	26 State, Apt #, etc
22 City & State	27 City & State
24 Zip Country	29 Zip Country

**9. Name and Address of Current Registered Agent**

**MOTZER GUY E.  
 200 S. BISCAYNE BLVD.  
 MIAMI, FL 33131-2398**

**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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and title if applicable) (NAME, Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>D</b>	11 TITLE	
12 NAME	<b>MOTZER GUY E.</b>	12 NAME	<b>S00001482765</b>
13 STREET ADDRESS	<b>200 S. BISCAYNE BLVD.</b>	13 STREET ADDRESS	<b>-05/10/95--01072--007</b>
14 CITY ST ZIP	<b>MIAMI, FL 33131-2398</b>	14 CITY ST ZIP	<b>****200.00 ****200.00</b>
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Guy E. Motzer* **GUY E. MOTZER, PRESIDENT 4/28/95 (305) 577-2996**  
(Signature typed or printed name of signing officer or director)