FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S30959** **(8)**

1. Corporation Name
MELAND & RUSSIN, P.A.

Principal Place of Business	Mailing Address
~~701 BRICKELL AVENUE~~	~~701 BRICKELL AVENUE~~
~~#1110~~	~~#1110~~
~~MIAMI FL 33131~~	~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1991
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business	21 200 S. BISCAYNE BLVD.	2a. Mailing Address	26 200 S. BISCAYNE BLVD.
Suite, Apt. #, etc.	22 #2420	Suite, Apt. #, etc.	27 #2420
City & State	23 MIAMI, FLORIDA	City & State	28 MIAMI, FLORIDA
Zip / Country	24 33131 / 25 USA	Zip / Country	29 33131 / 30 USA

4. FEI Number: 65-0340687 ☐ 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	10. Name and Address of New Registered Agent
MELAND, MARK S. ~~701 BRICKELL AVENUE~~ SUITE #1110 ~~MIAMI FL 33131~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2420 FIRST UNION FINANCIAL CENTER 83 200 SOUTH BISCAYNE BOULEVARD 84 City MIAMI FL 85 Zip Code 33131

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 MARK MELAND 4/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	MARK S. MELAND	12 NAME	
STREET ADDRESS	~~701 BRICKELL AVE., SUITE #1110~~	13 STREET ADDRESS	200 S. BISCAYNE BOULEVARD, #2420
CITY · ST · ZIP	~~MIAMI FL 33131~~	14 CITY · ST · ZIP	MIAMI, FLORIDA 33131
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	RUSSIN, PETER D.	22 NAME	
STREET ADDRESS	~~701 BRICKELL AVE., SUITE #1110~~	23 STREET ADDRESS	200 S. BISCAYNE BOULEVARD, #2420
CITY · ST · ZIP	~~MIAMI FL 33131~~	24 CITY · ST · ZIP	MIAMI, FLORIDA 33131
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY · ST · ZIP		34 CITY · ST · ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY · ST · ZIP		44 CITY · ST · ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY · ST · ZIP		54 CITY · ST · ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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 119.07(3)(i), 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: MARK MELAND, P.A. 4/13/95 (3 of 1358)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 6363

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