

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF
REVENUE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MAY -1 PM 11:28

DOCUMENT # S69420

(5)

A ABILITY ADVOCATE - PAUL K. SCHRIER, P.A.

TALLAHASSEE, FLORIDA

11098 BISCAYNE BLVD
SUITE 204
MIAMI FL 33161

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SUITE 204
MIAMI FL 33161

3. Date of Appointment: 07/30/1991
4. License Number: 65-0285619
5. Expiration Date: 07/26/1994
6. Fee for Certificate: \$8.75 Additional Fee Required
7. Fee for Certificate: \$5.00 May Be Added to Fees
8. Fee for Certificate: \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent

SCHRIER, PAUL K.
11098 BISCAYNE BLVD.
SUITE 204
MIAMI FL 33161

81. Name
82. Street Address
83. City
84. State
85. ZIP Code

FL 85

11. I, the undersigned, do hereby certify that the information furnished by the applicant is true and correct, and that the applicant is qualified to perform the duties of the position for which he or she is applying, and that the applicant is not under any legal disability which would prevent him or her from performing the duties of the position for which he or she is applying.

12. ADDITIONAL INFORMATION
13. ADDITIONAL INFORMATION
14. I, the undersigned, do hereby certify that the information furnished by the applicant is true and correct, and that the applicant is qualified to perform the duties of the position for which he or she is applying, and that the applicant is not under any legal disability which would prevent him or her from performing the duties of the position for which he or she is applying.

SIGNATURE:

Paul Schrier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-78-95 (305) 893-5500