

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 10 PM 1:45

DOCUMENT # **V33703** (2)

1. Corporation Name
THOMAS G. GUZDA, P.A.

Principal Place of Business	Mailing Address
118 SE 6TH COURT 3RD FLOOR FT LAUDERDALE FL 33301 US	116 SE 6TH COURT 3RD FLOOR FT LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/04/1992	3a. Date of Last Report 05/27/1994
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4. FEI Number 65-0332272	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business	2a. Mailing Address
21 4992 N. PINE ISLAND RD	26 4992 N. PINE ISLAND RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State LAUDERHILL, FL	28 City & State LAUDERHILL, FL
24 Zip 33351	29 Zip 33351
Country BROWARD	30 Country BROWARD

8. Name and Address of Current Registered Agent

**GUZDA, THOMAS G.
116 S.E. 6TH COURT
3RD FLOOR
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name THOMAS G. GUZDA
82 Street Address (P.O. Box Number is Not Acceptable) 4992 N. PINE ISLAND RD
83
84 City LAUDERHILL, FL
85 Zip Code 33351

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: *Thomas G. Guzda* President - **THOMAS G. GUZDA** 4/3/95

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GUZDA, THOMAS G.
STREET ADDRESS	116 S.E. 6TH COURT
CITY - ST - ZIP	FT LAUDERDALE 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	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	THOMAS G. GUZDA
13 STREET ADDRESS	4992 N. PINE ISLAND RD
14 CITY - ST - ZIP	LAUDERHILL, FL 33351
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6. 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 119.07(3)(g), 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 unchanged, or on an alteration with my address.

SIGNATURE: *Thomas G. Guzda* President 4/3/95 305-749-3400

(Signature, typed or printed name of signing officer or director) (Date) (Telephone Number)