

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995/1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V47000 (7)

1. Corporation Name
MEISLER & SMITH, P.A.

Principal Place of Business 1750 UNIVERSITY DR STE 201 CORAL SPRINGS FL 33065 US	Mailing Address 1750 UNIVERSITY DR STE 201 CORAL SPRINGS FL 33065 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/25/1992	3a. Date of Last Report 06/30/1994
21 10811 W. SAMPLE RD	26 10811 W. SAMPLE RD.	4. FEI Number 65-0342523	Applied For ☐ Not Applicable
22 214	27 214	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 CORAL SPRINGS, FL	28 CORAL SPRINGS, FL	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 33065	25 BROWARD	29 33065	30 BROWARD

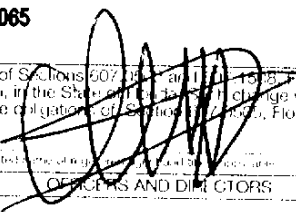
9. Name and Address of Current Registered Agent

**SMITH, RONALD J
1750 UNIVERSITY DR
STE 201
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

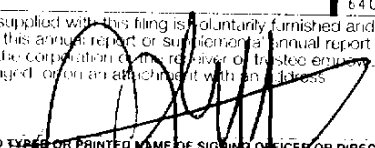
81 Name **MICHAEL C. MEISLER**
 82 Street Address (P.O. Box Number is Not Acceptable)
10811 W. SAMPLE RD.
 83 **SUITE 214**
 84 City **CORAL SPRINGS** FL 85 Zip Code **33065**

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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. If 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 obligation of, Sections 607.01 and 607.02, Florida Statutes.

SIGNATURE  **MICHAEL C. MEISLER** 6/25/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CTD	NAME SMITH, RONALD J	1.1 TITLE CTD	1.2 NAME SMITH, RONALD J
STREET ADDRESS 0000 W SAMPLE ROAD #200	CITY-ST-ZIP CORAL SPRINGS FL	1.3 STREET ADDRESS 10811 W. SAMPLE RD. #214	1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065
TITLE VP	NAME O'HARE, EDWARD J	2.1 TITLE	2.2 NAME
STREET ADDRESS 0000 W SAMPLE ROAD #200	CITY-ST-ZIP CORAL SPRINGS FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE PD	NAME MEISLER, MICHAEL C	3.1 TITLE PV	3.2 NAME MEISLER, MICHAEL C.
STREET ADDRESS 0900 W. SAMPLE #200	CITY-ST-ZIP CORAL SPRINGS FL	3.3 STREET ADDRESS 10811 W. SAMPLE RD., #214	3.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS 800001884608	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS -07/05/96--01028--000 009	6.4 CITY-ST-ZIP
TITLE	NAME	6.5 STREET ADDRESS ***225.00	6.6 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)(k), Florida Statutes. I hereby certify that the information indicated on this annual report or supplementary 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:  **MICHAEL C. MEISLER** 6/25/96 757 752-4314

CR2E034 (3/95)