

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Moulton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:40

DOCUMENT # J19003 (9)

1. Corporation Name

THOMAS M. COSTELLO, C.P.A., P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
1300 N FEDERAL HWY 1300 N FEDERAL HWY
SUITE 202 SUITE 202
BOCA RATON FL 33432-9848 BOCA RATON FL 33432-9848

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		06/03/1986		03/01/1994	
22		27		4. FEI Number		Applied For	
City & State		City & State		59-2689745		Not Applicable	
23		28		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing		☐ Trust Fund Contribution ☒ Yes ☐ No	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COSTELLO, THOMAS M. 1300 N FEDERAL HWY SUITE 202 BOCA RATON FL 33432				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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 _____ DATE _____
(Signer must be present name of reg. agent, agent and filer of application) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition				
NAME	COSTELLO, THOMAS M.	1.2 NAME					
STREET ADDRESS	1300 N FEDERAL HWY #202	1.3 STREET ADDRESS					
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP					
TITLE		2.1 TITLE	☐ Change ☐ Addition				
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
CITY - ST - ZIP		2.4 CITY - ST - ZIP					
TITLE		3.1 TITLE	☐ Change ☐ Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY - ST - ZIP		3.4 CITY - ST - ZIP					
TITLE		4.1 TITLE	☐ Change ☐ Addition				
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY - ST - ZIP		4.4 CITY - ST - ZIP					
TITLE		5.1 TITLE	☐ Change ☐ Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY - ST - ZIP		5.4 CITY - ST - ZIP					
TITLE		6.1 TITLE	☐ Change ☐ Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY - ST - ZIP		6.4 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)(a), Florida Statutes. I further certify that the information included 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: Thomas M. Costello 1-16-95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR