

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

APPROVED
AND
FILED

05 MAY 10 AM 10:35

DOCUMENT # M14319

(1)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUGARMAN AND SUSSKIND, P.A.

5959 BLUE LAGOON DRIVE #150
MIAMI FL 33126

5959 BLUE LAGOON DRIVE #150
MIAMI FL 33126

(WRITE IN WHITE IN THE SPACE)

3. Date the corporation was chartered 04/22/1985		3a. Date of last report 03/18/1994	
4. FIC Number 59-2539792		Approved 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. Does corporation have liability for intangible tax under Fla. Stat. § 190.03? Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent SUSSKIND, HOWARD S. 5959 BLUE LAGOON DR., STE. 150 MIAMI FL 33126				10. Name and Address of New Registered Agent 81 Name 82 Street Address (if C) (if X) Number is Not Applicable 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 897.003 and 897.15(1), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office 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 897.003, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME D SUSSKIND, HOWARD S. 5959 BLUE LAGOON DR #150 MIAMI FL		NAME Change ☐ Addition ☐	
NAME DP SUGARMAN, ROBERT A. 5959 BLUE LAGOON DR #150 MIAMI FL		NAME Change ☐ Addition ☐	
NAME		NAME Change ☐ Addition ☐	
NAME		NAME Change ☐ Addition ☐	
NAME		NAME Change ☐ Addition ☐	
NAME		NAME Change ☐ Addition ☐	
NAME		NAME Change ☐ Addition ☐	
NAME		NAME Change ☐ Addition ☐	
NAME		NAME Change ☐ Addition ☐	
NAME		NAME Change ☐ Addition ☐	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the owner or person empowered to execute this report as required by Chapter 897, Florida Statutes, and that my name appears in Block 12 of this filing.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/95 (200)264-2121