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

APPROVED AND FILED
95 APR 20 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **446554** **(8)**

1. Corporation Name
G.J. SCHIRRMAN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3000 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308-4312	3000 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308-4312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/19/1974	3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1524987	☐ Applied 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

8. Name and Address of Current Registered Agent

SCHIRRMAN, GEORGE J.
2565 S.OCEAN BLVD.,#304N
HIGHLAND BCH. FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 1961 Discovery Circle East
84 City: Pompano Beach FL 85 Zip Code: 33064

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SCHIRRMAN, GEORGE J.	12 NAME	
STREET ADDRESS	2565 S.OCEAN BLVD.,#304N	13 STREET ADDRESS	1961 Discovery Circle East
CITY-ST-ZIP	HIGHLAND BCH. FL	14 CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	EAKIN, DONALD W.	22 NAME	
STREET ADDRESS	2900 E OAKLAND PARK	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	SV	31 TITLE	☐ Change ☐ Addition
NAME	SCHIRRMAN, T. RUTH	32 NAME	
STREET ADDRESS	2565 S.OCEAN BLVD.,#304N	33 STREET ADDRESS	1961 Discovery Circle East
CITY-ST-ZIP	HIGHLAND BCH. FL	34 CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SCHIRRMAN, T. RUTH	42 NAME	
STREET ADDRESS	2565 S OCEAN BLVD 304N	43 STREET ADDRESS	1961 Discovery Circle East
CITY-ST-ZIP	HIGHLAND BCH. FL	44 CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: George J. Schirrman, PD 4/17/95 305-771-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0814994 CP