

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 18 PM 6:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **546702** (2)

1. Corporation Name

**BARNES, VAN VORST, REPOSA, GOSNELL & INDOWSKY, P  
.A.**

Principal Place of Business

2929 EAST COMMERCIAL BLVD.  
SUITE 409  
FT. LAUDERDALE FL 33308-4296

Mailing Address

2929 EAST COMMERCIAL BLVD.  
SUITE 409  
FT. LAUDERDALE FL 33308-4296

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/18/1977

3a. Date of Last Report

03/29/1994

4. FEI Number

59-1744054

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

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

Yes  No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BARNES, JOSEPH B. JR.  
2929 E. COMMERCIAL BLVD.  
SUITE 409  
FT. LAUDERDALE FL

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD  
BARNES, JOSEPH B, JR  
2929 E. COMMERCIAL BLVD.  
FT LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD  
VAN VORST, JOHN E  
2372 NE 30 COURT  
LIGHTHOUSE POINT FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV  
INDOWSKY, HYMAN  
3925 NE 22ND AVE.  
FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD  
REPOSA, RICHARD  
2375 NE 29TH ST.  
LIGHTHOUSE POINT FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV  
GOSNELL, THOMAS G.  
6421 N.E. 21ST RD  
FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change  Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change  Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change  Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change  Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change  Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change  Addition

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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 13 1995

(305) 491-1950

Date

Telephone Prefix #