

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:31

DOCUMENT # 552919 (3)

1. Corporation Name

DICK O'CONNELL & ASSOCIATES, INC.

Principal Place of Business

2801 PONCE DE LEON BLVD.
STE. 300
CORAL GABLES FL 33134

Mailing Address

2801 PONCE DE LEON BLVD.
STE. 300
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/29/1977

3a. Date of Last Report

02/03/1994

4. FEI Number
59-1778668

Applied For
Not Applicable

2. Principal Place of Business

21 2801 Ponce De Leon Blvd

2a. Mailing Address

26 2801 Ponce De Leon Blvd

Suite, Apt. #, etc.

22 #400

Suite, Apt. #, etc.

27 #400

City & State

23 Coral Gables FL

City & State

28 Coral Gables FL

Zip

24 33134

Country

25 U.S.A.

Zip

29 33134

Country

30 U.S.A.

5. Certificate of Status Desired

☒ Yes \$8.75 Additional
Fee Required

6. Election Campaign Contributions
Trust Fund Contributions

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 189.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

O'CONNELL, RICHARD C
40 SALAMANCA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature typed or printed name of registered agent and then if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PO
O'CONNELL, RICHARD
40 SALAMANCA AVE.
CORAL GABLES FL

13.

ADDITIONAL CORPORATE OFFICERS AND DIRECTORS

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 119.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

Richard C. O'Connell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/95 305-448-4600
Date Telephone Number