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 MAY -1 AM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 569366 (8)

1. Corporation Name
R.X. TANNEY AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
885 NE 81ST ST MIAMI FL 33138 US	P.O. BOX 530186 MIAMI SHORES FL 33153 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/21/1978	05/10/1994

2. Principal Place of Business 21 885 NE 81 ST	2a. Mailing Address 26 PO BOX 530186 MIAMI SHORES FL 33153	4. FEI Number 59-2037494	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City, State 23 MIAMI	City, State 28 FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 33138 25 DADE	29 33153 30 DADE	8. This corporation has elected to be governed by the provisions of Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHIELDS, DOROTHY 1100 NE 125TH ST. N MIAMI FL 33161	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: _____ (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME SHIELDS, DOROTHY STREET ADDRESS 885 NE 81 ST CITY-ST-ZIP MIAMI FL	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP 500001478385 Option -05/08/95--01055--025 ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE TAW 5-1-95 ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with changes, if any, noted within the report.

SIGNATURE: Dorothy Shields 4/27/95 (Date) (30) N1-3134

SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR AGENT

0420380 FP