

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. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL 19 11:08

DOCUMENT # 577709 (9)

1. Corporation Name

LEWIS, VEGOSEN AND ROSENBACH, P.A.

Principal Place of Business

500 S AUSTRALIAN AVE
 P. O. BOX 4393
 W. PALM BCH. FL 33401

Mailing Address

500 S AUSTRALIAN AVE
 P. O. BOX 4398
 W. PALM BCH. FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/30/1978	3a. Date of Last Report 04/21/1994
4. FEI Number 59-1333137	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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**VEGOSEN, DEAN (ESQ.)
 500 S AUSTRALIAN AVE, TENTH FLOOR
 W PALM BCH. FL. 33402-1388**

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 title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

**VEGOSEN, DEAN
 500 S AUSTRALIAN AVE
 W. PALM BCH. FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**VEGOSEN, DEAN
 500 S AUSTRALIAN AVE
 W. PALM BCH. FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DVA

**ROSENBACH, DEAN J
 500 S AUSTRALIAN AVE
 W. PALM BCH. FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

**TREADWELL, KENNETH A.
 500 S. AUSTRALIAN AVE.
 W. PALM BEACH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean Vegosen

6/13/95

407/659-3300

Date

Daytime Phone #

CR2E034 (3/95)