

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY - 1 PM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 587737 (8)**

1. Corporation Name  
**THOMAS E. SEWELL, C.P.A. P.A.**

Principal Place of Business      Mailing Address  
**8080 PASADENA BLVD  
PEMBROKE PINES FL 33024  
US**                                      **8080 PASADENA BLVD  
PEMBROKE PINES FL 33024  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/27/1978**                                      **05/01/1994**

2. Principal Place of Business      2a. Mailing Address  
21    26

4. FEI Number      Applied For  
**59-1848519**                                      Not Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22    27

5. Certificate of Status Desired      \$8.75 Additional  
          Fee Required

City & State      City & State  
23    28

6. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution            Added to Fees

Zip      Country      Zip      Country  
24      25      29      30

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEWELL, THOMAS E.  
8080 PASADENA BLVD.  
PEMBROKE PINES, FL LP 33024**

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City      05 Zip Code  
**FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>
NAME	<b>SEWELL, THOMAS E.</b>
STREET ADDRESS	<b>8080 PASADENA BLVD.,</b>
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas E Sewell*      **THOMAS E SEWELL C.P.A.**      9.24.95      305 430-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Optional Phone #)