

**PROFIT CORPORATION ANNUAL REPORT 1995**



Florida Department of State  
 Barbara E. Matthews  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

1995 JUL 11 AM 10:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 595575 (2)**

1. Corporation Name  
**THE LAW OFFICES OF RONALD E. SOLOMON, P.A.**

Principal Place of Business Mailing Address  
**633 S FEDERAL HWY P O BOX 14156 FT LAUDERDALE FL 33302-1156**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/29/1978** 3a. Date of Last Report **01/25/1994**  
 4. FEI Number **59-1862608** 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  
 6. This corporation has liability for intangible tax under s. 190.092, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **750 S.E. 3rd Ave** 26 **P.O. Box 14156**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **3rd Floor** 27  
 City & State City & State  
 23 **Ft. Lauderdale, Fl** 28 **Ft. Lauderdale, Fl.**  
 Zip Country Zip Country  
 24 **33316** 25 **FLORIDA** 29 **33302** 30 **FLORIDA**

9. Name and Address of Current Registered Agent  
**SOLOMON, RONALD E.**  
**633 S FEDERAL HWY** **750 S.E. 3rd Ave, 3rd Fl.**  
**FT. LAUDERDALE, FL 33301-33316**

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 607.0501 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 *Ronald E. Solomon* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLOMON, RONALD E.</b>	1.2 NAME	
STREET ADDRESS	<b>633 S FEDERAL HWY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Ronald E. Solomon* 7/5/95 305-463-6200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type or Print)

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