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 APR 18 PM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600186 (1)

1. Corporation Name

DRS. SEGAL & BERG, P. A.

Principal Place of Business	Mailing Address
~~155 N.W. 167 STREET~~ ~~NORTH MIAMI BEACH FL 33169-5838~~	~~755 N.W. 167 STREET~~ ~~NORTH MIAMI BEACH FL 33169-4838~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1983	3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-1008749	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: 7100 W 20 Ave	26: same
22 Suite, Apt. #, etc.: #403	27 Suite, Apt. #, etc.:
23 City & State: Hialeah, Fl	28 City & State:
24 Zip: 3 25 Country: Dade	29 Zip: 30 Country:

9. Name and Address of Current Registered Agent

SEGAL, GEORGE
~~155 N.W. 167 STREET~~
~~N MIAMI BEACH FL~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 7100 W 20 Ave #403
83:
84 City: Hialeah, Fl FL 85 Zip Code: 33016

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	same	☒ Change ☐ Addition
NAME	SEGAL, GEORGE	1.2 NAME		
STREET ADDRESS	~~155 NW 167TH ST~~	1.3 STREET ADDRESS	7100 W 20 Ave #403	
CITY-ST-ZIP	~~N MIAMI BCH FL~~	1.4 CITY-ST-ZIP	Hialeah, Fl 33016	
TITLE	SD	2.1 TITLE	same	☒ Change ☐ Addition
NAME	BERG, ELIOT	2.2 NAME		
STREET ADDRESS	~~155 NW 167TH ST~~	2.3 STREET ADDRESS	7100 W 20th Ave #403	
CITY-ST-ZIP	~~N MIAMI BCH FL~~	2.4 CITY-ST-ZIP	Hialeah, Fl 33016	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(i), 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: _____ 4/13/95 822-1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01008737 CP