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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:03

DOCUMENT # 601209 (0)

1. Corporation Name
SIMON, SCHINDLER & SANDBERG, P.A., A PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
ASSOCIATION 1492 S. MIAMI AVE. MIAMI FL 33130	ASSOCIATION 1492 S. MIAMI AVE. MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 2650 BISCAYNE BLVD	26 2650 BISCAYNE BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33137 Country 25 DADE	Zip 29 33137 Country 30 DADE

3. Date Incorporated or Qualified: 07/09/1969
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-1465190 ☐ 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

9. Name and Address of Current Registered Agent

SCHINDLER, ROGER J.
1492 SOUTH MIAMI AVENUE
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2650 BISCAYNE BLVD
83
84 City MIAMI FL 85 Zip Code 33137

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 of new registered agent, if applicable) (NOTE: Registered Agent signature required when mail/delivery)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OV	11 TITLE	☒ Change ☐ Addition
NAME	SANDBERG, NEAL L.	12 NAME	
STREET ADDRESS	1492 S MIAMI AVE	13 STREET ADDRESS	2650 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP	MIAMI FLORIDA 33137
TITLE	DP	21 TITLE	☒ Change ☐ Addition
NAME	SCHINDLER, ROGER J	22 NAME	
STREET ADDRESS	1492 S MIAMI AVE	23 STREET ADDRESS	2650 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP	MIAMI FLORIDA 33137
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing, and 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 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 above, or on an attachment with an address.

SIGNATURE: _____ 1-26-95 305 576-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0126513 CP