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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **601993** (9)

1. Corporation Name
ARTHUR N. HENSON, II, P.A.

Principal Place of Business Mailing Address
19004 ROYAL PALM LANE 15004 ROYAL PALM LANE
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
03/10/1970 02/08/1994

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

4. FEI Number Applied For
59-1308613 Not Applicable

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

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

23. City & State City & State
28

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

24. Zip Country 25. Zip Country
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
**HENSON, ARTHUR N
15004 ROYAL PAL LANE
MIAMI LAKES FL 33014**

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 reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HENSON II, ARTHUR N
STREET ADDRESS	2500 SW 75TH AVE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	MINKES, JULES
STREET ADDRESS	17615 S.W. 97TH AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	HERSHMAN, IRA
STREET ADDRESS	11479 BIRD ROAD
CITY - ST - ZIP	MIAMI 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	70. HENSON II, ARTHUR N.
1.3 STREET ADDRESS	15004 Royal Palm Lane
1.4 CITY - ST - ZIP	MIAMI Lakes FL 33014
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 110.07(3)(h), 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: *Arthur N. Henson II, P.A.* **ARTHUR N. HENSON II, P.A.** 428495 305-962-3098
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Title) (Telephone Number)