

**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
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**DOCUMENT # 602706 (4)**

1. Corporation Name  
**QUINN, WOLLOWICK, PURITA, SCHOSHEIM, KREBSBACH & STEWART, P.A.**

Principal Place of Business	Mailing Address
903 MEADOWS ROAD BOCA RATON FL 33486-2031 <b>2378</b>	903 MEADOWS ROAD BOCA RATON FL 33486-2031 <b>2378</b>

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

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/08/1971</b>	3a. Date of Last Report <b>02/15/1994</b>
4. FEI Number <b>59-1346737</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**QUINN, LEO F**  
**903 MEADOWS ROAD**  
**BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 (print or printed name) of registered agent and fee, 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	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, LEO F	1.2 NAME	
STREET ADDRESS	903 MEADOWS RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 00000	1.4 CITY - ST - ZIP	<b>33486</b>
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLLOWICK, BURTON S	2.2 NAME	
STREET ADDRESS	903 MEADOWS RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 00000	2.4 CITY - ST - ZIP	<b>33486</b>
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURITA, JOSEPH R.	3.2 NAME	
STREET ADDRESS	903 MEADOWS RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 00000	3.4 CITY - ST - ZIP	<b>33486</b>
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOSHEIM, PETER M.	4.2 NAME	
STREET ADDRESS	903 MEADOWS RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	<b>33486</b>
TITLE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>VICE PRESIDENT</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>MICHAEL J. KREBSBACH</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>903 MEADOWS ROAD BOCA RATON, FL 33486</b>
TITLE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>VICE PRESIDENT</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>CHARLES E. STEWART</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>903 MEADOWS ROAD BOCA RATON, FL 33486</b>

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)(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. If an attachment with an address:

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1/30/95** **407391556)**