

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Murphree
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **638531**

(4)

1. Corporation Name

JOE N. UNGER, P.A.

Principal Office Address

**2920 FIRST UNION FIN. CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131
US**

Mailing Address

**2920 FIRST UNION FIN. CENTER
200 S. BISCAYNE BLVD.
MIAMI FL 33131
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1979

3a. Date of Last Report
05/24/1994

4. FEI Number
59-1950848

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**

7. This corporation has applied for incorporation by certificate under S. 605.012?

Florida Statutes ☒ Yes ☐ No

2. Principal Office Address

21. Suite, Apt. #, etc.

2b. Mailing Address

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

24. Country

28. Zip

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNGER, JOE N
200 S. BISCAYNE BLVD.
SUITE 272D
33131**

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 required in printed form of designated agent and officer/director)

(Signature required in printed form of designated agent and officer/director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	UNGER, JOE N
STREET ADDRESS	200 S. BISCAYNE BLVD.
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	ST
NAME	UNGER, JOE N
STREET ADDRESS	200 S. BISCAYNE BLVD.
CITY, ST, ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ 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 Sections 110.07(3)(b), Florida Statutes. I further certify that the information included 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 of changes or additions thereto with an address.

SIGNATURE:

Joe N. Unger **JOE N. UNGER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95
DATE

305-374-5540
TELEPHONE NUMBER