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 24 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **686528** **(1)**

1. Corporation Name

R. JAMES PELSTRING, P.A.

Principal Place of Business	Mailing Address
~~44 W. FLAGLER STREET~~ ~~SUITE 2250~~ ~~MIAMI FL 33130~~	~~44 W. FLAGLER STREET~~ ~~SUITE 2250~~ ~~MIAMI FL 33130~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1980
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business	2a. Mailing Address
21 7880 W. OAKLAND PARK BLVD	26 7880 W. OAKLAND PARK BLVD
Suite, Apt. #, etc. 22 #203	Suite, Apt. #, etc. 27 #203
City & State 23 FT. LAUDERDALE FL.	City & State 28 FT. LAUDERDALE, FL.
Zip / County 24 33351 / 25 BROWARD	Zip / County 29 33351 / 30 BROWARD

4. FEI Number: 59-2018168 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~PELSTRING, R. JAMES~~ ~~44 W. FLAGLER STREET, #2250~~ ~~MIAMI FL 33130~~	81 Name: SANDY KARLAN 82 Street Address (P.O. Box Number is Not Acceptable): INTERNATIONAL PLACE, SUITE 2200 83 100 S.E. 2nd STREET 84 City: MIAMI FL 85 Zip Code: 33131

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: Sandy Karlan 4/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	11 TITLE	PDS	☒ Change ☐ Addition
NAME	PELSTRING, R. JAMES	12 NAME	PELSTRING, R. JAMES	
STREET ADDRESS	~~2701 S BAYSHORE DR 3-305~~	13 STREET ADDRESS	6402 ROSA RIDGE	
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	LOVELAND, OHIO 45140	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
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 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: PRESIDENT 4/6/95 (513) 683-0907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R. JAMES PELSTRING

0190704 CP