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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F01889 (7)
1. Corporation Name
LAWRENCE BUNIN, P.A.

Principal Place of Business Mailing Address
7301 N.W. 4TH ST. 107A PLANTATION FL 33317 **7301 N.W. 4TH ST. 107A PLANTATION FL 33317**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/15/1980		3a. Date of Last Report 05/11/1994	
4. FEI Number 59-2031124		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business 21 140 SOUTH UNIVERSITY DR.		2a. Mailing Address 26 140 SOUTH UNIVERSITY DR.	
22 SUITE C		27 SUITE C	
23 PLANTATION, FL.		28 PLANTATION, FL.	
24 33324	25 BROWARD	29 33324	30 BROWARD

9. Name and Address of Current Registered Agent BUNIN, LAWRENCE 7301 N.W. 4TH ST. 107A PLANTATION FL 33317		10. Name and Address of New Registered Agent 81 Name BUNIN, LAWRENCE 82 Street Address (P.O. Box Number is Not Acceptable) 140 SOUTH UNIVERSITY DRIVE 83 84 City PLANTATION FL 85 Zip Code 33324	
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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 607.0503, Florida Statutes.
SIGNATURE: *[Signature]* DATE: **3/9/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	BUNIN, LAWRENCE	11 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUNIN, LAWRENCE		12 NAME BUNIN, LAWRENCE	
STREET ADDRESS 7301 N.W. 4TH ST. 107A		13 STREET ADDRESS 140 SOUTH UNIVERSITY DRIVE	
CITY - ST - ZIP PLANTATION FL		14 CITY - ST - ZIP PLANTATION, FL. 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(9)(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 agent or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or with an addition, as indicated.

SIGNATURE: *[Signature]* **LAWRENCE BUNIN** DATE: **3/9/95** TELEPHONE: **305-473-1232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR