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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 AM 11:40

DOCUMENT # F12232 (7)

1. Corporation Name
ANTHONY L. SUTTILE, P.A.

Principal Place of Business	Mailing Address
% ANTHONY L SUTTILE 20471 NE 10TH PLACE N MIAMI BCH FL 33179	% ANTHONY L SUTTILE 20471 NE 10TH PLACE N MIAMI BCH FL 33179

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/05/1980
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business
21: 20660 W. Dixie Hwy. North
22 Suite, Apt. #, etc.:
23 City & State: No. Miami Bch, FL.
24 Zip: 33180
25 Country: USA

2a. Mailing Address
26: 20660 W. Dixie Hwy
27 Suite, Apt. #, etc.:
28 City & State: No. Miami Bch. FL
29 Zip: 33180
30 Country: USA

4. FEI Number: 59-2113533 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUTTILE, ANTHONY L
20471 NE 10TH PLACE
N MIAMI BCH FL 33179

10. Name and Address of New Registered Agent

81 Name: ANTHONY L. SUTTILE
82 Street Address (P.O. Box Number is Not Acceptable): 20660 W. DIXIE HWY
83:
84 City: No. Miami Bch FL 85 Zip Code: 33180

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: ANTHONY L. SUTTILE Anthony L Suttile 1-13-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required when reinstated — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	P/S ☐ Change ☐ Addition
NAME	SUTTILE, ANTHONY L	1.2 NAME	SUTTILE, ANTHONY L.
STREET ADDRESS	20471 NE 10TH PLACE	1.3 STREET ADDRESS	20660 W. DIXIE HWY
CITY-ST-ZIP	N MIAMI BCH, FL 00000	1.4 CITY-ST-ZIP	No. MIAMI BCH, FL. 33180
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Anthony L Suttile ANTHONY L. SUTTILE 1-13-95 305-937-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0106831 CP