

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 3:07

DOCUMENT # **F48206** (9)

1. Corporation Name
YAEGER & YAEGER, CPA'S, P.A.

Principal Place of Business Mailing Address
11420 N.KENDALL DR. STE.106 MIAMI FL 33176

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified **09/16/1981** 3a. Date of Last Report **05/13/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2140781		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 Suite Apt # etc		27 Suite Apt # etc		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 City & State		28 City & State		8. This corporation has liability for intangible tax under S. 1994 US2, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip	25 Country	29 Zip	30 Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
YAEGER, BARBARA J 11420 N. KENDALL DR. SUITE 106 MIAMI FL 33176				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.001 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 607.001, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD YAEGER, MARK L. 11420 N. KENDALL DR., SUITE 106 MIAMI FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAEGER, BARBARA J. 11420 N. KENDALL DR., SUITE #106 MIAMI FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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, changed by or on an attachment with an address.

SIGNATURE: *Mark Yaeger* **MARK YAEGER** 5/1/95 (305) 279-4088
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR