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 JAN 26 PM 4:16

DOCUMENT # **F71563** **(3)**

1. Corporation Name
I. RICHARD JACOBS, P.A.

Principal Place of Business	Mailing Address
20 WEST FLAGLER STREET, SUITE 202 MIAMI FL 33130	20 WEST FLAGLER STREET, SUITE 202 MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/24/1982**
3a. Date of Last Report: **03/08/1994**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 Country	29	Zip / 30 Country

4. FEI Number: **59-2162887** ☐ 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

JACOBS, I RICHARD
28 WEST FLAGLER STREE, STE 202
MIAMI FL 33130

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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 of new registered agent, if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
001 TITLE	DP	11 TITLE	☐ Change ☐ Addition
002 NAME	JACOBS, RICHARD I	12 NAME	
003 STREET ADDRESS	28 W. FLAGLER ST STE 202	13 STREET ADDRESS	
004 CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
005 TITLE		21 TITLE	☐ Change ☐ Addition
006 NAME		22 NAME	
007 STREET ADDRESS		23 STREET ADDRESS	
008 CITY-ST-ZIP		24 CITY-ST-ZIP	
009 TITLE		31 TITLE	☐ Change ☐ Addition
010 NAME		32 NAME	
011 STREET ADDRESS		33 STREET ADDRESS	
012 CITY-ST-ZIP		34 CITY-ST-ZIP	
013 TITLE		41 TITLE	☐ Change ☐ Addition
014 NAME		42 NAME	
015 STREET ADDRESS		43 STREET ADDRESS	
016 CITY-ST-ZIP		44 CITY-ST-ZIP	
017 TITLE		51 TITLE	☐ Change ☐ Addition
018 NAME		52 NAME	
019 STREET ADDRESS		53 STREET ADDRESS	
020 CITY-ST-ZIP		54 CITY-ST-ZIP	
021 TITLE		61 TITLE	☐ Change ☐ Addition
022 NAME		62 NAME	
023 STREET ADDRESS		63 STREET ADDRESS	
024 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 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: (Signature and type or print name of authorized officer or director) Date (Telephone Number)

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