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 APR -4 AM 11:00

DOCUMENT # F94000000293 (0)

1. Corporation Name

A. MARTIN SIMENSEN, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
P.O. BOX 2160 SOUTH HAMILTON MA 01982	P.O. BOX 2160 SOUTH HAMILTON MA 01982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 150 Hammocks Drive
Suite, Apt #, etc
22 River Bridge
City & State
23 West Palm Beach FL
Zip 24 33414 Country 25 USA

2a. Mailing Address
26 150 Hammocks Drive
Suite, Apt #, etc
27 River Bridge
City & State
28 West Palm Beach FL
Zip 29 33414 Country 30 USA

4. FEI Number: 02-0348623 ☐ 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

SIMENSEN, A M
150 HAMMOCK'S DRIVE RIVER BRIDGE
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 n/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	SIMENSEN, A M
STREET ADDRESS	150 HAMMOCKS DRIVE RIVER BRIDGE
CITY ST ZIP	WEST PALM BEACH FL 33414
TITLE	V
NAME	SIMENSEN, HOLLY
STREET ADDRESS	150 HAMMOCKS DRIVE RIVER BRIDGE
CITY ST ZIP	WEST PALM BEACH FL 33414
TITLE	S
NAME	LESLIE, ROBERT
STREET ADDRESS	220 MAIN STREET
CITY ST ZIP	SALEM NH 03079
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
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(1)(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: [signature] A. MARTIN SIMENSEN, PRES 3/31/95 407-965-0969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403480 FN