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CORPORATION ANNUAL REPORT
1995

DOCUMENT # G55680 (4)

1. Corporate Name
SANTONE, EYLER & LURY, P.A.

APPROVED AND FILED

'95 MAR -1 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5900 N ANDREWS AVE SUITE 1150 FT LAUDERDALE FL 33309	5900 N ANDREWS AVE SUITE 1150 FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/01/1983
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2300 GLADES ROAD	26 2300 GLADES ROAD
Suite, Apt. #, etc. 22 SUITE 260 WEST	Suite, Apt. #, etc. 27 SUITE 260 WEST
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL
Zip 24 33431	Country 25 PALM BEACH
Zip 29 33431	Country 30 PALM BEACH

4. FEI Number: 59-2308324 ☐ 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

EYLER, BONNIE
5900 N. ANDREWS AVE., SUITE 1150
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: EYLER, BONNIE
82 Street Address (P.O. Box Number is Not Acceptable): 2300 GLADES ROAD, SUITE 260 WEST
83: /
84 City: BOCA RATON FL 85 Zip Code: 33431

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: [Signature of Officer or Director of Corporation] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PSTD	1 1 TITLE	PSTD ☒ Change ☐ Addition
1 NAME	EYLER, BONNIE	1 2 NAME	EYLER, BONNIE
1 STREET ADDRESS	5900 N ANDREWS AVE #1150	1 3 STREET ADDRESS	2300 GLADES ROAD, SUITE 260 WEST
1 CITY-ST-ZIP	FT LAUDERDALE FL	1 4 CITY-ST-ZIP	BOCA RATON, FL 33431
2 TITLE		2 1 TITLE	☐ Change ☐ Addition
2 NAME		2 2 NAME	
2 STREET ADDRESS		2 3 STREET ADDRESS	
2 CITY-ST-ZIP		2 4 CITY-ST-ZIP	
3 TITLE		3 1 TITLE	☐ Change ☐ Addition
3 NAME		3 2 NAME	
3 STREET ADDRESS		3 3 STREET ADDRESS	
3 CITY-ST-ZIP		3 4 CITY-ST-ZIP	
4 TITLE		4 1 TITLE	☐ Change ☐ Addition
4 NAME		4 2 NAME	
4 STREET ADDRESS		4 3 STREET ADDRESS	
4 CITY-ST-ZIP		4 4 CITY-ST-ZIP	
5 TITLE		5 1 TITLE	☐ Change ☐ Addition
5 NAME		5 2 NAME	
5 STREET ADDRESS		5 3 STREET ADDRESS	
5 CITY-ST-ZIP		5 4 CITY-ST-ZIP	
6 TITLE		6 1 TITLE	☐ Change ☐ Addition
6 NAME		6 2 NAME	
6 STREET ADDRESS		6 3 STREET ADDRESS	
6 CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I hereby certify that the information indicated with this box 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 above, or on an attachment with an address.

SIGNATURE: [Signature] BONNIE EYLER (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 2/24/95 (407) 385-4220

0217210 CP