

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -7 AM 5:13

DOCUMENT # **H06139** (0)

1. Corporation Name  
**JOHN J. DIAZ JR., P.A.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**1602 W. SLIGH AVE., SUITE 100 TAMPA FL 33604**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/01/1984</b>		3a. Date of Last Report <b>03/06/1994</b>	
4. FEI Number <b>59-2410306</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

9. Name and Address of Current Registered Agent <b>DIAZ, JOHN J., JR. 1602 W. SLIGH AVE., SUITE 100 TAMPA FL 33604</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 FL		Zip Code	

11. Pursuant to the provisions of Sections 607.0503 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 **John J. Diaz, Jr., President** DATE **April 1, 1995**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <b>PD</b>				1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>DIAZ, JOHN J., JR.</b>				2. NAME			
STREET ADDRESS <b>1602 W.SLIGH AVE STE 100</b>				3. STREET ADDRESS			
CITY ST ZIP <b>TAMPA FL</b>				4. CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				22. NAME			
STREET ADDRESS				23. STREET ADDRESS			
CITY ST ZIP				24. CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY ST ZIP				34. CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY ST ZIP				44. CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY ST ZIP				54. CITY ST ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
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 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: **John J. Diaz, Jr., President** DATE **4/1/95** TELEPHONE NUMBER **813-935-4225**