

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H35415** (9)

To: Corporation Name

DAVID S. MEISEL, P.A.

Principal Place of Business

**PHILLIPS POINT - WEST TOWER
777 S FLAGLER DR. STE 1113. W TOWER
W PALM BCH FL 33401
US**

Mailing Address

**PHILLIPS POINT - WEST TOWER
777 S FLAGLER DR. STE 1113. W TOWER
W PALM BCH FL 33401
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/18/1984** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2473023** 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 is subject to the provisions of the Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

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State, Apt. #, etc.

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State, Apt. #, etc.

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City & State

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City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEISEL, DAVID S.
777 S FLAGLER DR, STE 1113, WEST TOWER
PHILLIPS POINT
WEST PALM BCH FL 33401**

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 607.0607 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 Registered Agent (Required)

Signature of Registered Agent (Required)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. NAME	PD MEISEL, DAVID S.
2. STREET ADDRESS	4 RIVERSIDE DR.
3. CITY & STATE	JUPITER FL
4. NAME	ST MEISEL, DAVID S.
5. STREET ADDRESS	4 RIVERSIDE DR.
6. CITY & STATE	JUPITER FL
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	

1. NAME		☐ Change ☐ Addition
2. STREET ADDRESS		
3. CITY & STATE		
4. NAME		☐ Change ☐ Addition
5. STREET ADDRESS		
6. CITY & STATE		
7. NAME		☐ Change ☐ Addition
8. STREET ADDRESS		
9. CITY & STATE		
10. NAME		☐ Change ☐ Addition
11. STREET ADDRESS		
12. CITY & STATE		
13. NAME		☐ Change ☐ Addition
14. STREET ADDRESS		
15. CITY & STATE		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not equal, for the purposes stated in law (see 199.02, (b)(6), Florida Statutes). I further certify that the information included in 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. I am an officer or director of this corporation or the person or persons empowered to make this report as required by Florida Statutes, and that my name appears in Block 1, or Block 13, as changed, on the statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Meisel

DAVID S. MEISEL

5/8/95 407-833-1833