

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 AM 11:33

DOCUMENT # **H48234 (9)**

1. Corporation Name
JOSIAS AND GOREN, P.A.

Principal Place of Business % JAMES A. CHEROF 3099 EAST COMERCIAL BLVD. SUITE 200 FT. LAUDERDALE FL 33308	Mailing Address % JAMES A. CHEROF 3099 EAST COMERCIAL BLVD. SUITE 200 FT. LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/21/1985** 3a. Date of Last Report **05/05/1994**

4. FEI Number **59-2506263** 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

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

9. Name and Address of Current Registered Agent

**CHEROF, JAMES A.
3099 EAST COMMERCIAL BLVD
SUITE 200
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when consisting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSIAS, STEVEN L.	1.2 NAME	
STREET ADDRESS	3099 E. COMMERCIAL BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	Director, Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOREN, SAMUEL S.	2.2 NAME	GOREN, SAMUEL S.
STREET ADDRESS	3099 E. COMMERCIAL BLVD	2.3 STREET ADDRESS	3099 E. COMMERCIAL BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	DP	3.1 TITLE	Director, Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEROF, JAMES A.	3.2 NAME	CHEROF, JAMES A.
STREET ADDRESS	3099 E. COMMERCIAL BLVD	3.3 STREET ADDRESS	3099 E. COMMERCIAL BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VP	4.1 TITLE	Vice President, Director, Treasurer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOODY, DONALD J	4.2 NAME	DOODY, DONALD J
STREET ADDRESS	3099 E. COMMERCIAL BLVD	4.3 STREET ADDRESS	3099 E. COMMERCIAL BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VP	5.1 TITLE	Vice President, Director, Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERRY, EZROL	5.2 NAME	EZROL, KERRY
STREET ADDRESS	3099 E. COMMERCIAL BLVD	5.3 STREET ADDRESS	3099 E. COMMERCIAL BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(b), 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 in original, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

1/25/95

305-771-4500