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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 10:03

DOCUMENT # H74125

(6)

1. Corporation Name

BLAKE, TORRES & MULLER, P.A.

Principal Place of Business

500 S US 1
THE STRANGE BLDG
FT PIERCE FL 34950
US

Mailing Address

BOX 3269
FT PIERCE FL 34940

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

28

Country

29

Zip

30

Country

24

g. Name and Address of Current Registered Agent

TORRES, JUAN F., III
2316 ATLANTIC BEACH BLVD
FT PIERCE FL 34949

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, GLENN M.	1.2 NAME	
STREET ADDRESS	1575-46TH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, JUAN F., III	2.2 NAME	
STREET ADDRESS	2801-J NORTH AIA	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, GEORGE H	3.2 NAME	
STREET ADDRESS	500 SO. US HIGHWAY #1	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL 34950	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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)(k), 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 recorder 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:

2 Jan 1995 **Vice - Pres,**

4/15/95 **401-464-8008**

BIOGRAPHIC AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #