FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 MAY -1 PM 4:57

FLORIDA DEPARTMENT OF STATE

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-05/18/95 --01013 --003
****225.00 ****225.00

DOCUMENT # **H78261** **(5)**

1. Corporation Name
SULLIVAN AND SULLIVAN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1855 SW 31 AVE PEMBROKE PARK FL 33009 US	1855 ~~1822~~ SW 31 AVE PEMBROKE PARK FL 33009 US

3. Date Incorporated or Qualified: **09/27/1985**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26): 1855 S.W. 31st Ave
Suite, Apt. #, etc (22)
State, Apt. #, etc (27): Pembroke Park FL 33009
City & State (23)
City & State (28)
Zip (24) / Country (25)
Zip (29): 33009 Country (30): US

4. FEI Number: **59-2564555** ☐ 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

SULLIVAN, JOSEPH D.
1855 SW 13 AVE
PEMBROKD PARK FL 33009

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1855 S.W. 31 Ave.
84 City: Pembroke Park FL 85 Zip Code: 33009

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD SULLIVAN, RICHARD 4837 NW 91 TERR. SUNRISE FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	C.E.O. Sullivan, Joseph 2230 S.W. 11th PL Boca Raton FL 33486	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☑ Addition C.E.O. Sullivan, Joseph 2230 S.W. 11th PL Boca Raton FL 33486
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition NWS 5-1-95

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 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 if changed, or on an attachment with an address.

SIGNATURE: Joseph Darrell Sullivan 4-21-95 305-989-3848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0077446 CP