

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

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**95 APR 18 PM 8:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # H79188 (9)**

**1. Corporation Name  
JANIE TIRRELL, CPA, P.A.**

|                                                                                                   |                                                                                       |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>82881 OVERSEAS HWY.<br>P.O. BOX 1710<br>ISLAMORADA FL 33036 | <b>Mailing Address</b><br>82881 OVERSEAS HWY.<br>P.O. BOX 1710<br>ISLAMORADA FL 33036 |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                                       |                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>3. Date Incorporated or Qualified</b><br>10/03/1985                                                                                                                | <b>3a. Date of Last Report</b><br>04/28/1994                                                                     |
| <b>4. FEI Number</b><br>59-2584894                                                                                                                                    | <b>Applied For</b><br><input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b>                                                                                                                               | <input type="checkbox"/> \$8.75 Additional Fee Required                                                          |
| <b>6. Election Campaign Financing Trust Fund Contribution</b>                                                                                                         | <input type="checkbox"/> \$5.00 May Be Added to Fees                                                             |
| <b>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                  |

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

**9. Name and Address of Current Registered Agent**

**TIRRELL, JANIE  
87 200 OVERSEAS HWY  
UNIT S-10  
ISLAMORADA FL 33036**

**10. Name and Address of New Registered Agent**

**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 607.0502 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** JANIE TIRRELL [Signature] 4/17/95  
Signature, typed or printed name of registered agent and file if applicable. (NAME, Address and Agent Signature required when reappointing)

**12. OFFICERS AND DIRECTORS**

|                        |                                |
|------------------------|--------------------------------|
| <b>TITLE</b>           | <b>PD</b>                      |
| <b>NAME</b>            | <b>TIRRELL, JANIE</b>          |
| <b>STREET ADDRESS</b>  | <b>87000 OVERSEAS HWY #S10</b> |
| <b>CITY - ST - ZIP</b> | <b>ISLAMORADA FL</b>           |
| <b>TITLE</b>           |                                |
| <b>NAME</b>            |                                |
| <b>STREET ADDRESS</b>  |                                |
| <b>CITY - ST - ZIP</b> |                                |
| <b>TITLE</b>           |                                |
| <b>NAME</b>            |                                |
| <b>STREET ADDRESS</b>  |                                |
| <b>CITY - ST - ZIP</b> |                                |
| <b>TITLE</b>           |                                |
| <b>NAME</b>            |                                |
| <b>STREET ADDRESS</b>  |                                |
| <b>CITY - ST - ZIP</b> |                                |
| <b>TITLE</b>           |                                |
| <b>NAME</b>            |                                |
| <b>STREET ADDRESS</b>  |                                |
| <b>CITY - ST - ZIP</b> |                                |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                            |                                                                   |
|----------------------------|-------------------------------------------------------------------|
| <b>1.1 TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>1.2 NAME</b>            |                                                                   |
| <b>1.3 STREET ADDRESS</b>  |                                                                   |
| <b>1.4 CITY - ST - ZIP</b> |                                                                   |
| <b>2.1 TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>2.2 NAME</b>            |                                                                   |
| <b>2.3 STREET ADDRESS</b>  |                                                                   |
| <b>2.4 CITY - ST - ZIP</b> |                                                                   |
| <b>3.1 TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>3.2 NAME</b>            |                                                                   |
| <b>3.3 STREET ADDRESS</b>  |                                                                   |
| <b>3.4 CITY - ST - ZIP</b> |                                                                   |
| <b>4.1 TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>4.2 NAME</b>            |                                                                   |
| <b>4.3 STREET ADDRESS</b>  |                                                                   |
| <b>4.4 CITY - ST - ZIP</b> |                                                                   |
| <b>5.1 TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>5.2 NAME</b>            |                                                                   |
| <b>5.3 STREET ADDRESS</b>  |                                                                   |
| <b>5.4 CITY - ST - ZIP</b> |                                                                   |
| <b>6.1 TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>6.2 NAME</b>            |                                                                   |
| <b>6.3 STREET ADDRESS</b>  |                                                                   |
| <b>6.4 CITY - ST - ZIP</b> |                                                                   |

**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)(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 if changed, or on an attachment with an address.**

**SIGNATURE:** [Signature] JANIE TIRRELL 4/17/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Signature Here)