

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4:40

DOCUMENT # J46055

(6)

1. Corporation Name

MARTIN A. ROSEN, P.A.

Principal Place of Business

% MARTIN A. ROSEN
3900 CLARK ROAD, P-5
SARASOTA FL 34233

Mailing Address

% MARTIN A. ROSEN
3900 CLARK ROAD, P-5
SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/05/1986

3a. Date of Last Report

06/14/1994

4. FEI Number

59-2740705

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 805 Sarasota Quay

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Sarasota FL

27 City & State

28

24 Zip

25 34236

Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MARTIN A. ROSEN, ESQ.
3900 CLARK ROAD, SUITE P5
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name

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

805 Sarasota Quay

83

84 City

Sarasota

85 FL

Zip Code

34236

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROSEN, MARTIN A.
STREET ADDRESS	3900 CLARK ROAD, P-5
CITY - ST - ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	805 Sarasota Quay
14 CITY - ST - ZIP	Sarasota, FL 34236
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 sole owner 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 addition with an addition.

SIGNATURE:

OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

MARTIN A. ROSEN

3/25/95

954-4600