SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT 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 JUN -8 AM 10:06

DOCUMENT # **J58406** **(6)**

1. Corporation Name
SINGER & ZANE, P.A.

Principal Place of Business	Mailing Address
701 NORTHPOINT PKWY. STE. 330 W. PALM BCH. FL 33407 US	701 NORTHPOINT PKWY. STE. 330 W. PALM BCH. FL 33407 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/23/1987
3a. Date of Last Report: 06/07/1994
4. FEI Number: 59-2779503 ☐ 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
7. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ZANE, JEFFREY P., ESQ.
701 NORTHPOINT PKWY.
STE. 330
W. PALM BCH. FL 33407

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	ZANE, JEFFREY	1.2 NAME	
STREET ADDRESS	7559 COURTYARD RUN WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ZANE, JEFFREY	2.2 NAME	
STREET ADDRESS	7559 COURTYARD RUN WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VP ☐ Change ☒ Addition
NAME	SINGER, MICHAEL	3.2 NAME	SINGER, MICHAEL
STREET ADDRESS	12811 Marsh Pointe Way	3.3 STREET ADDRESS	12811 Marsh Pointe Way
CITY-ST-ZIP	Palm Beach Gardens, Fl. 33418	3.4 CITY-ST-ZIP	Palm Beach Gardens, Fl. 33418
TITLE		4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	SINGER, MICHAEL
STREET ADDRESS		4.3 STREET ADDRESS	12811 Marsh Pointe Way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palm Beach Gardens, Fl. 33418
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: Jeffrey P. Zane, Pres, JEFFREY P. ZANE 6/5/95 407-471-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0092644 CP