

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

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 8:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**

FLORIDA DEPARTMENT OF STATE  
Sandra H. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # J63942 (3)**

**SANTA FE BAR, INC.**

Principal Place of Business: **114 SE 1ST ST #9 GAINESVILLE FL 32601-6879**

Mailing Address: **114 SE 1ST ST #9 GAINESVILLE FL 32601-6879**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt # etc		26. State, Apt # etc		03/26/1987	05/01/1994
22. City & State		27. City & State		4. FEI Number	Applied For
23. City		28. City		59-2792045	Not Applicable
24. State		29. State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26. Country		31. Country		7. This corporation has liability for filing fee under G. 100.000 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FISHMAN, ALAN, M 114 SE 1ST ST #8 GAINESVILLE FL 32602</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City		85. Zip Code	
FL							

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
12.1 NAME	PST FISHMAN, ALAN	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	114 SE 1ST STREET #9	13.2 STREET ADDRESS	
12.3 CITY, ST, ZIP	GAINESVILLE FL	13.3 CITY, ST, ZIP	
12.4 NAME		13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS		13.5 STREET ADDRESS	
12.6 CITY, ST, ZIP		13.6 CITY, ST, ZIP	
12.7 NAME		13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY, ST, ZIP		13.9 CITY, ST, ZIP	
12.10 NAME		13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.13 NAME		13.13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY, ST, ZIP		13.15 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct 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 of this report, or as an attachment with an address.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR