

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

FLORIDA
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne M. Weaver
Secretary of State
1995

**APPROVED
AND
FILED**

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J98145** (2)
IVEY & ASSOCIATES, INC.

1. Principal Office Location: 501 S. FAULKENBURG RD SUITE C-22 TAMPA FL 33619 US

2. Mailing Address: 501 SOUTH FAULKENBURG ROAD C-22 TAMPA FL 33619 US

21. Principal Office Location: 501 S. Faulkenburg Rd. Suite: Apt. # or P.O. No. C-22 City, State, Zip, Country: TAMPA FL 33619 US

26. Mailing Address: SAME

27. State, Apt. # or P.O. No.

28. City, State, Zip, Country

3. Date of Incorporation or Reincorporation: 10/15/1987

3a. Date of Last Payment: 04/22/1994

4. FIC Number: 59-2851843

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 5-109.037 Florida Statute: Yes No

9. Name and Address of Current Registered Agent: IVEY, THOMAS R 12504 QUEENSLAND LANE TAMPA FL 33625

10. Name and Address of New Registered Agent: 81. Name: SAME 82. Street Address (P.O. Box Number is Not Applicable) 83. 84. City, State, Zip Code: FL

11. I, the undersigned, president, secretary, treasurer, and chief financial officer of the corporation, hereby certify that the information furnished herein is true and correct and that my signature shall have the same legal effect as if signed by me in person.

SIGNATURE: *Thomas R. Ivey* Thomas R. Ivey, President 5-3-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	PD IVEY, THOMAS RANDOLF 12054 QUEENSLAND LANE TAMPA FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE	SD IVEY, DANIEL COMBS 17712 CRANBROOK DRIVE LUTZ FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE	TD IVEY, DOUGLAS LAMAR 166 WEST CEDARWOOD CIRCLE KISSIMMEE FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and that the information is true and correct and that my signature shall have the same legal effect as if signed by me in person.

SIGNATURE: *Thomas R. Ivey* Thomas R. Ivey, President 5/8/95 813-657-0575

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REGISTRATION
ANNUAL REPORT
1995



SECRETARY OF STATE
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MAY 10 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J98465** (4)
RODBERG REALTY, INC.

MARK O. RODBERG
4815 GEORGIA AVE.
WEST PALM BEACH FL 33405-2815

MARK O. RODBERG
4815 GEORGIA AVE.
WEST PALM BEACH FL 33405-2815

DATE OF CHANGE OF THE OFFICE

3. Date of Report Due	10/22/1987	3a. Date of Last Report	06/15/1994
4. File Number	64-0750919	Approved For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contributions	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under § 199.04?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Previous Report Due	2a. Mailed Address
21. Name of Agent	26. Name of Agent
22. City or State	27. City or State
23. Title	28. Title
24. Date	25. Date
29. Date	30. Date

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RODBERG, MARK O. 4815 GEORGIA AVE. WEST PALM BEACH FL 33405		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3. City	
		B4. State	FL
		B5. Zip Code	

11. Pursuant to the provisions of Sections 199.01 and 199.02 of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in Florida. The change will be effective on the date of filing of this report, unless the appointment of a registered agent is terminated within the time period specified in the Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	DPT RODBERG, MARK O. 4815 GEORGIA AVE. W. PALM BCH. FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME	DVS RODBERG, WENDI R. 4815 GEORGIA AVE. W. PALM BCH. FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 199.01(3)(b) of the Florida Statutes. I further certify that the information furnished is true and correct and that my signature shall have the same legal effect as if made under oath. This report is prepared in accordance with the provisions of the Florida Statutes and is required by Chapter 100, Florida Statutes, and that my name appears in Block 12 of this report. Signed _____

SIGNATURE Wendi Rodberg 4/29/95 8331882
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER ON ENCL. 1

