

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/8/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

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 JUL 11 AM 11:28

DOCUMENT # **K24108** (8)
1. Corporation Name
DIANA FIGUEROA, P.A.

Principal Place of Business 1600 W. EAU GALLIE BLVD. SUITE 103 EAU GALLIE FL 32935 US	Mailing Address 1600 W. EAU GALLIE BLVD. SUITE 103 EAU GALLIE FL 32935 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 1301 W. Eau Gallie Blvd Suite, Apt. #, etc. Ste 96 City & State Melbourne, FL Zip 32935 Country Brevard	2a. Mailing Address 26 1301 W. Eau Gallie Blvd Suite, Apt. #, etc. Ste 96 City & State Melbourne, FL Zip 32935 Country Brevard
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3. Date Incorporated or Qualified 05/19/1988	3a. Date of Last Report 03/29/1994
4. FEI Number 59-2894596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor: <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FIGUEROA, DIANA
1600 W. EAU GALLIE BLVD.
SUITE 103
EAU GALLIE FL 32935**

10. Name and Address of New Registered Agent
81 Name **Figueroa, Diana**
82 Street Address (P.O. Box Number is Not Acceptable) **1301 W. Eau Gallie Blvd**
83 **Suite 96**
84 City **Melbourne** FL 85 Zip Code **32935**

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]* DATE **6-12-95**
Signature must be printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FIGUEROA, DIANA
STREET ADDRESS	1600 W. EAU GALLIE BLVD. SUITE 103
CITY, ST, ZIP	EAU GALLIE FL
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Figueroa, Diana
13 STREET ADDRESS	1301 W. Eau Gallie Blvd, Suite 96
14 CITY, ST, ZIP	Melbourne, FL 32935
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 receiver or trustee empowered to execute the 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]* DATE **6-12-95** **255-7769**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20034 (3/95)