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

APPROVED
AND
FILED

95 MAY -1 PM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K45322 (0)

1. Corporate Name
JACK DITRAGLIA, P.A.

Principal Place of Business
% JACK DITRAGLIA
6249 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024

Mailing Address
% JACK DITRAGLIA
6249 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1988
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21
Suite Apt. # etc.
22
City & State
23
24 25

2a. Mailing Address
26
Suite Apt. # etc.
27
City & State
28
29 30

4. FEI Number: 65-0071634 — 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

8. This corporation has elected to be governed by Chapter 607 of the Florida Statutes. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
DITRAGLIA, JACK
6249 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024

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. [illegible] Section 607.0505 and 607.1608, Florida Statutes, the undersigned 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. [illegible] the registered agent has agreed to act in this capacity. I further agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DITRAGLIA, JACK
STREET ADDRESS	6249 HOLLYWOOD BLVD.
CITY, ST, ZIP	HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		
65 TITLE		☐ Change ☐ Addition
66 NAME		
67 STREET ADDRESS		
68 CITY, ST, ZIP		
69 TITLE		☐ Change ☐ Addition
70 NAME		
71 STREET ADDRESS		
72 CITY, ST, ZIP		
73 TITLE		☐ Change ☐ Addition
74 NAME		
75 STREET ADDRESS		
76 CITY, ST, ZIP		
77 TITLE		☐ Change ☐ Addition
78 NAME		
79 STREET ADDRESS		
80 CITY, ST, ZIP		
81 TITLE		☐ Change ☐ Addition
82 NAME		
83 STREET ADDRESS		
84 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is accurate and does not qualify for the penalties imposed by the laws of Florida. Further, I hereby certify that the information indicated on this annual report or supplemental annual report is true and that my signature shall be in compliance with the requirements of Section 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or is attached with an address.

SIGNATURE: Jack DiTraglia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0096183 CP