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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K71186** (6)

1. Corporation Name  
**ALFRED A. CILCIUS, P.A.**

Principal Place of Business  
**2611 N. RIVERSIDE DR.  
#207  
POMPANO BEACH FL 33062**

Mailing Address  
**2611 N. RIVERSIDE DR.  
#207  
POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/08/1989** 3a. Date of Last Report **02/09/1994**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CILCIUS, ALFRED A.  
2611 N. RIVERSIDE DR.  
#207  
POMPANO BEACH FL 33062**

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 607.1505, Florida Statutes.

SIGNATURE *Alfred A. Cilcius* DATE **2-17-95**

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** 1.1 TITLE  Change  Addition  
NAME **CILCIUS, ALFRED A.** 1.2 NAME  
STREET ADDRESS **2611 N. RIVERSIDE DR., #207** 1.3 STREET ADDRESS  
CITY-ST-ZIP **POMPANO BEACH FL 33062** 1.4 CITY-ST-ZIP

TITLE 2.1 TITLE  Change  Addition  
NAME 2.2 NAME  
STREET ADDRESS 2.3 STREET ADDRESS  
CITY-ST-ZIP 2.4 CITY-ST-ZIP

TITLE 3.1 TITLE  Change  Addition  
NAME 3.2 NAME  
STREET ADDRESS 3.3 STREET ADDRESS  
CITY-ST-ZIP 3.4 CITY-ST-ZIP

TITLE 4.1 TITLE  Change  Addition  
NAME 4.2 NAME  
STREET ADDRESS 4.3 STREET ADDRESS  
CITY-ST-ZIP 4.4 CITY-ST-ZIP

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

**900001418479**  
**03/02/95--01000001**  
**\*\*\*200.00 \*\*\*200.00**

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 110.07(3)(b), 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: *Alfred A. Cilcius* DATE **1-17-94** TIME **2:57:26**