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 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K72212** **(9)**

1. Corporate Name

DEBRA R. KUS, C.P.A., P.A.

Principal Place of Business	Mailing Address
% DEBRA R. KUS 445 LOS ALTOS ROAD PALM SPRINGS FL 33461	% DEBRA R. KUS 445 LOS ALTOS ROAD PALM SPRINGS FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/10/1989**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **65-0108683**	☐ Applied For ☐ Not Applicable
Suite Apt. # (if) 22	Suite Apt. # (if) 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
ZIP / County 24 / 25	ZIP / County 29 / 30	8. *This corporation has typed or intangible tax under s. 199 F.S.* Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KUS, DEBRA R. **445 LOS ALTOS ROAD** **PALM SPRINGS FL 33461**	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 Section 607.0501 and 607.1908, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	71 TITLE	☐ Change ☐ Addition
NAME	KUS, DEBRA R.	72 NAME	
STREET ADDRESS	445 LOS ALTOS ROAD	73 STREET ADDRESS	
CITY ST ZIP	PALM SPRINGS FL	74 CITY ST ZIP	
TITLE		75 TITLE	☐ Change ☐ Addition
NAME		76 NAME	
STREET ADDRESS		77 STREET ADDRESS	
CITY ST ZIP		78 CITY ST ZIP	
TITLE		79 TITLE	☐ Change ☐ Addition
NAME		80 NAME	
STREET ADDRESS		81 STREET ADDRESS	
CITY ST ZIP		82 CITY ST ZIP	
TITLE		83 TITLE	☐ Change ☐ Addition
NAME		84 NAME	
STREET ADDRESS		85 STREET ADDRESS	
CITY ST ZIP		86 CITY ST ZIP	
TITLE		87 TITLE	☐ Change ☐ Addition
NAME		88 NAME	
STREET ADDRESS		89 STREET ADDRESS	
CITY ST ZIP		90 CITY ST ZIP	
TITLE		91 TITLE	☐ Change ☐ Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY ST ZIP		94 CITY ST ZIP	
TITLE		95 TITLE	☐ Change ☐ Addition
NAME		96 NAME	
STREET ADDRESS		97 STREET ADDRESS	
CITY ST ZIP		98 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is absolutely true and correct and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 of changed/added with an address.

SIGNATURE: Debra R. Kus Debra R. Kus Pres 5/1/95 (407)964-7431
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0270260 CP