

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 12:29

DOCUMENT # **K86072** (1)

1. Corporation Name
JOSEPH G. SPITZ, P.A.

Principal Place of Business Mailing Address
~~14255 U S HWY ONE~~ ~~JUNO BEACH FL 33408~~
~~14255 U S HWY ONE~~ ~~JUNO BEACH FL 33408~~

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **05/09/1989** 3a. Date of Last Report **04/19/1994**

4. FEI Number **65-0117684** 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

7. This corporation has liability for intangible tax under S. 199.832, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **14255 U S Hwy One** 26 **14255 U S Hwy One**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 240** 27 **Suite 240**
City & State City & State
23 **Juno Beach, FL** 28 **Juno Beach, FL**
Zip Country Zip Country
24 **33408** 25 Country 29 **33408** 30 Country

9. Name and Address of Current Registered Agent
KRAMER, SCOTT ESQ
~~14255 U S HWY ONE SUITE 240~~
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
14155 U S Hwy One, Suite 205
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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	SPITZ, JOSEPH, G	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1601 MARINA ISLE WAY 402	1.2 NAME	
STREET ADDRESS	JUPITER FL	1.3 STREET ADDRESS	
CITY ST ZIP		1.4 CITY ST ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 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: *Joseph G. Spitz* **Joseph G Spitz, Pres.** **4/10/95** **(407) 624-2118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR