

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K90265

(5)

1. Corporation Name

ADELE PAUL O.D., P.A.

Principal Place of Business

Mailing Address

% ADELE PAUL
8404 S.W. 102 PLACE
MIAMI FL 33173-0051

% ADELE PAUL
8404 S.W. 102 PLACE
MIAMI FL 33173-0051

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/23/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0126036

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 liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 2150 SOUTH DIXIE HWY.

2a. Mailing Address

26 2150 SOUTH DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

24 33133

Country

25 USA

Zip

29 33133

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUL, ADELE
8404 S.W. 102 PLACE
MIAMI FL 33173

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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of approval

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST
NAME	PAUL, ADELE
STREET ADDRESS	8404 S.W. 102 PL
CITY - ST - ZIP	MIAMI FL
TITLE	DIRECTOR
NAME	DAVID R. FITZGERALD
STREET ADDRESS	8404 SW 102 PL
CITY - ST - ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 1 TITLE	☐ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	☐ Change ☐ Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	☐ Change ☐ Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	☐ Change ☐ Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	☐ Change ☐ Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	☐ Change ☐ Addition
6 2 NAME	
6 3 STREET ADDRESS	
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 110.07(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 as a director, officer or an agent with an address.

SIGNATURE:

DAVID R. FITZGERALD

4/28/95

(305) 856-6518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (System Number)