

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Akerman
Secretary of State
1700 North Capitol Street, Tallahassee, Florida 32304

**APPROVED
AND
FILED**

55 MAY -1 AM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L60351** (8)
RICHARD P KILLORAN, P.A.

Principal Office Location: 528 N VICTORIA PARK ROAD, 949 GREENWARD LANE, FT LAUDERDALE FL 33301 US
Mailing Address: 528 N VICTORIA PARK ROAD, 949 GREENWARD LANE, FT LAUDERDALE FL 33301 US

(DO NOT WRITE IN THIS SPACE)

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/22/1990 | 3a. Date of Last Report 04/29/1994 |
| 4. FEI Number 65-0182808 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|------------------------------|---------------------------|
| 2. Principal Office Location | 2a. Mailing Address |
| 21. State - Apt. # - etc. | 26. State - Apt. # - etc. |
| 22. City & State | 27. City & State |
| 23. City & State | 28. City & State |
| 24. City & State | 29. City & State |
| 25. City & State | 30. City & State |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent KILLORAN, RICHARD P. 528 N VICTORIA PARK ROAD FT LAUDERDALE FL 33301 | 10. Name and Address of New Registered Agent |
| | 81. Name |
| | 82. Street Address (P.O. Box Number is Not Acceptable) |
| | 83. |
| | 84. City |
| | 85. Zip Code |

11. Pursuant to the provisions of Sections 607.05(1) and 607.15(9), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to take 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 hereby accepting the obligations of Section 607.05(1), Florida Statutes.

SIGNATURE: _____

| | | | |
|-----------------------------|---|---|---|
| 12. OFFICERS AND DIRECTORS: | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: | |
| NAME | D KILLORAN, RICHARD P. 528 N VICTORIA PARK ROAD FT LAUDERDALE FL | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 2. NAME | |
| CITY & STATE | | 3. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY | | 4. CITY & STATE | |
| NAME | | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 6. NAME | |
| CITY & STATE | | 7. STREET ADDRESS | |
| CITY | | 8. CITY & STATE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 9. TITLE | |
| STREET ADDRESS | | 10. NAME | |
| CITY & STATE | | 11. STREET ADDRESS | |
| CITY | | 12. CITY & STATE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 13. TITLE | |
| STREET ADDRESS | | 14. NAME | |
| CITY & STATE | | 15. STREET ADDRESS | |
| CITY | | 16. CITY & STATE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemptions stated in Section 607.05(1)(b) Florida Statutes. I further certify that the information included in 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 for the reporting period encompassed by this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am an attachment with my address.

SIGNATURE: 4-27-95 205 753-4171
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR