

ANNUAL REPORT 1995		Division of Corporations Secretary of State		FILED 95 MAY -1 AM 8:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L68801 (4) 1. Corporation Name LAW OFFICES OF ANDREW B. BLASI, A PROFESSIONAL ASSOCIATION					
Principal Place of Business 7900 GLADES ROAD SUITE 445 BOCA RATON FL 33434		Mailing Address 7900 GLADES ROAD SUITE 445 BOCA RATON FL 33434			
				DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/27/1990 3a. Date of Last Report 03/25/1994 4. FEI Number 65-0189365 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under S 199 (13) Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent BLASI, ANDREW B. 7900 GLADES ROAD SUITE 445 BOCA RATON FL 33434				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 607.0505, Florida Statutes.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DPS NAME BLASI, ANDREW B. STREET ADDRESS 7900 GLADES RD, STE 445 CITY - ST - ZIP BOCA RATON, FL 33434			1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 if changed, or on an attachment with an address.					
SIGNATURE: <i>Andrew B. Blasi, President</i> 4/28/95 407-4P3-8700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					