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 APR 27 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L69399 (8)

1. Corporation Name

DOUGLAS L. ROBERTS, P.A.

Principal Place of Business	Mailing Address
2424 NORTH FEDERAL HWY SUITE 314 BOCA RATON FL 33431	2424 NORTH FEDERAL HWY SUITE 314 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1990
3a. Date of Last Report: 05/20/1994

2. Principal Place of Business
21 Suite 910 Trade Centre South
22 Suite, Apt. #, etc.: 100 West Cypress Creek Rd.
23 City & State: Fort Lauderdale, FL 33309
24 Zip: 33309
25 Country: Broward

2a. Mailing Address
26 Suite 900 Trade Centre South
27 Suite, Apt. #, etc.: 100 West Cypress Creek Rd.
28 City & State: Fort Lauderdale, FL 33309
29 Zip: 33309
30 Country: Broward

4. FEI Number: 65-0194217 ☐ 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

9. Name and Address of Current Registered Agent

ROBERTS, DOUGLAS L.
2424 N FEDERAL HWY
SUITE 314
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): Suite 910 Trade Centre South
83: 100 West Cypress Creek Road
84 City: Fort Lauderdale FL 85 Zip Code: 33309

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: Douglas L. Roberts 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☑ Change ☐ Addition	
NAME	ROBERTS, DOUGLAS L.	12 NAME		
STREET ADDRESS	2424 N FEDERAL HWY #S314	13 STREET ADDRESS	Suite 910 Trade Centre South 100 West Cypress Creek Road	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE		21 TITLE	☐ Change ☐ Addition	
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE	☐ Change ☐ Addition	
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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 attached amendment, with an address.

SIGNATURE: Douglas L. Roberts 4/24/95 305 491-0603
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ANNUAL REPORT — Date — Daytime Phone #

Douglas L. Roberts

0255847 CP