

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 10:11

DOCUMENT # **L71044** (6)

1. Corporation Name

AGOSTINELLI AND BERNDT, P.A.

Principal Place of Business

13550 SW 10 STR
PEMBROKE PINES FL 33027
US

Mailing Address

6780 TAFT STREET
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/08/1990	3a. Date of Last Report 02/28/1994
4. FEI Number 65-0189047	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GLASSER, GENE K. 2021 TYLER ST. HOLLYWOOD FL 33020	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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	AGOSTINELLI, JOHN A., DO 13550 S.W. 10TH ST. PEMBROKE PINES FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD	BERNDT, DAVID, DO 13550 S.W. 10TH ST. PEMBROKE PINES FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(b), 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 on Block 12 or Block 13 of this report, as an officer or director with an address.

SIGNATURE: **JOHN AGOSTINELLI** 2-1-95 305 983-919