

**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

1995 MAY 23 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L90365** (2)

1. Corporation Name  
**FRANCISCO COLON JR., P.A.**

Principal Place of Business Mailing Address  
**111 S. MAITLAND AVE. SUITE 215 MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/10/1990** 3a. Date of Last Report **04/06/1994**

2. Principal Place of Business 26. Mailing Address  
21 **Orlando, FL** 26 **P.O. Box 948151**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **215** 27  
City & State City & State  
23 **Maitland FL** 28 **Maitland FL**  
Zip Country Zip Country  
24 **32751** 25 **Orng** 29 **32751** 30 **Orng**

4. FEI Number **59-3030401** 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  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**COLON, FRANCISCO JR.  
111 S. MAITLAND AVE.  
SUITE 215  
MAITLAND FL 32751**

10. Name and Address of New Registered Agent  
B1 Name **N/A**  
B2 Street Address (P.O. Box Number, Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ (Signature of present holder of registered agent post later if applicable) (NOTE: Registered Agent signature required when transferring) (DATE)

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------------|---|---|
| TITLE                      | <b>P</b>                   | 1.1 TITLE   | <b>COLON, FRANCISCO JR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COLON, FRANCISCO JR</b> | 1.2 NAME  |   |
| STREET ADDRESS             | <b>2153 LEE RD</b>         | 1.3 STREET ADDRESS                                    | <b>*215 Maitland Ave</b>  |
| CITY, ST, ZIP              | <b>WINTER PARK FL</b>      | 1.4 CITY, ST, ZIP                                     | <b>111 S. Maitland, FL 32751</b>  |
| TITLE                      |                            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| NAME                       |                            | 2.2 NAME  | <b>600001498476</b>   |
| STREET ADDRESS             |                            | 2.3 STREET ADDRESS                                    | <b>-05/24/95--01077--025</b>  |
| CITY, ST, ZIP              |                            | 2.4 CITY, ST, ZIP                                     | <b>***200.00 ****200.00</b>   |
| TITLE                      |                            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| NAME                       |                            | 3.2 NAME  |   |
| STREET ADDRESS             |                            | 3.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                            | 3.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| NAME                       |                            | 4.2 NAME  |   |
| STREET ADDRESS             |                            | 4.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                            | 4.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| NAME                       |                            | 5.2 NAME  |   |
| STREET ADDRESS             |                            | 5.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                            | 5.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| NAME                       |                            | 6.2 NAME  |   |
| STREET ADDRESS             |                            | 6.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                            | 6.4 CITY, ST, ZIP                                     |   |

TEXT 5-23-95  
**REMITTED BY MAY 1**

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(4)(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 (whichever) to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (whichever), or on an attachment with an address.

SIGNATURE: *Francisco Colon Jr* 4/28/95 407 629 1411  
DATE: \_\_\_\_\_ TITLE: \_\_\_\_\_ (Typed Name)