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 28 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L91720** **(7)**

1. Corporation Name
KALISH & WARD, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
4100 BARNETT PLAZA 101 E. KENNEDY BLVD. TAMPA FL 33602	4100 BARNETT PLAZA 101 E. KENNEDY BLVD. TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/02/1990
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3024711 ☐ 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

KALISH, WILLIAM ESQ.
4100 BARNETT PLAZA
101 E. KENNEDY BLVD.
TAMPA FL 33602

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	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	KALISH, WILLIAM	1.2 NAME		
STREET ADDRESS	101 E KENNEDY BLVD #4100	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	DSV	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	WARD, ALTON C.	2.2 NAME		
STREET ADDRESS	101 E KENNEDY BLVD #4100	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHLOSSER, RICHARD A.	3.2 NAME		
STREET ADDRESS	101 E KENNEDY BLVD #4100	3.3 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	DAS	4.1 TITLE	DAS	☒ Change ☐ Addition
NAME	BEDKE, MICHAEL A.	4.2 NAME	HARRISON, WILLIAM T., III	
STREET ADDRESS	101 E KENNEDY BLVD #4100	4.3 STREET ADDRESS	101 E KENNEDY #4100	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DAS	5.1 TITLE		☐ Change ☐ Addition
NAME	ROVELL, ROGER J.	5.2 NAME		
STREET ADDRESS	101 E KENNEDY BLVD #4100	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE	DT	6.1 TITLE		☐ Change ☐ Addition
NAME	MCNAMARA, THOMAS P	6.2 NAME		
STREET ADDRESS	101 E KENNEDY BLVD #4100	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	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 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 attachment with an address.

SIGNATURE: _____ 3/30/95 813-222-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0296203 CP