

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10: 21

DOCUMENT # **M15036** (0)

1. Corporation Name
CAROL KUSHNER, P.A.

Principal Place of Business Mailing Address
3501 N. HILLS DR. 3501 N. HILLS DR.
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/07/1985** 3a. Date of Last Report **02/18/1994**
4. FEI Number **59-2528417** 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 §. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
KUSHNER, CAROL
3501 N. HILLS DR.
HOLLYWOOD FL 33021

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 _____ (NOTE: Registered Agent signature required only if not existing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE **PD**
NAME **KUSHNER, CAROL**
STREET ADDRESS **3501 N. HILLS DR.**
CITY- ST- ZIP **HOLLYWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2. 1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3. 1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4. 1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5. 1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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: Carol Kushner, P.A. **CAROL KUSHNER** Feb 14, 1995 (305) 961-5947
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Typed Name)