

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 JAN 17 PM 1:23

DOCUMENT # **M17516** (9)
1. Corporation Name
SPERRY, SHAPIRO & KASHI, P.A.

Principal Place of Business Mailing Address
**633 S. ANDREWS AVE.
SUITE 101
FT. LAUDERDALE FL 33301
US** **633 S. ANDREWS AVE.
SUITE 101
FT. LAUDERDALE FL 33301
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/01/1985** 3a. Date of Last Report **02/02/1994**
4. FEI Number **59-2556351** 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

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

9. Name and Address of Current Registered Agent

**TROP, MICHAEL L.
700 SOUTHEAST THIRD AVE.
FT. LAUDERDALE FL 33316**

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 officer 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 person who is changing agent or officer is acceptable)

(Signature of Registered Agent is required when making change)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PTD SPERRY, MARTIN J. 633 S ANDREWS AVE #101 FT. LAUDERDALE FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY, STATE, ZIP		3. STREET ADDRESS	
NAME	VD SHAPIRO, RONALD 633 S ANDREWS AVE #101 FT. LAUDERDALE FL	4. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		5. NAME	
CITY, STATE, ZIP		6. STREET ADDRESS	
NAME	SD KASHI, JOSEPH 633 S ANDREWS AVE #101 FT LAUDERDALE FL	7. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	
CITY, STATE, ZIP		9. STREET ADDRESS	
NAME		10. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		11. NAME	
CITY, STATE, ZIP		12. STREET ADDRESS	
NAME		13. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY, STATE, ZIP		15. STREET ADDRESS	
NAME		16. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		17. NAME	
CITY, STATE, ZIP		18. STREET ADDRESS	
NAME		19. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		20. NAME	
CITY, STATE, ZIP		21. STREET ADDRESS	
NAME		22. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		23. NAME	
CITY, STATE, ZIP		24. STREET ADDRESS	
NAME		25. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		26. NAME	
CITY, STATE, ZIP		27. STREET ADDRESS	
NAME		28. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		29. NAME	
CITY, STATE, ZIP		30. STREET ADDRESS	
NAME		31. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		32. NAME	
CITY, STATE, ZIP		33. STREET ADDRESS	
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CITY, STATE, ZIP		81. STREET ADDRESS	
NAME		82. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		83. NAME	
CITY, STATE, ZIP		84. STREET ADDRESS	
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CITY, STATE, ZIP		87. STREET ADDRESS	
NAME		88. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		89. NAME	
CITY, STATE, ZIP		90. STREET ADDRESS	
NAME		91. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		92. NAME	
CITY, STATE, ZIP		93. STREET ADDRESS	
NAME		94. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		95. NAME	
CITY, STATE, ZIP		96. STREET ADDRESS	
NAME		97. CITY, STATE, ZIP	☐ Change ☐ Addition
STREET ADDRESS		98. NAME	
CITY, STATE, ZIP		99. STREET ADDRESS	
NAME		100. CITY, STATE, ZIP	☐ Change ☐ 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 199.032(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it were signed by me. That I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 1 of Block 12, changed, or any other block with an address.

SIGNATURE:

Martin J. Sperry Martin J. Sperry Pres 1/10/95 (305) 463-2244
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR