

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 12:30

DOCUMENT # M20154 (4)

1. Corporation Name
VOSE & BLAU, PROFESSIONAL ASSOCIATION

Principal Place of Business Mailing Address
2705 W FAIRBANKS AVE 2705 W FAIRBANKS AVE
WINTER PARK FL 32789 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/29/1985 3a. Date of Last Report 02/22/1994
4. FEI Number 59-2580425 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

VOSE, GRETCHEN R.H.
2705 W FAIRBANKS AVE
WINTER PARK FL 32789

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

12. OFFICERS AND DIRECTORS

1. NAME PD
2. NAME VOSE, GRETCHEN
3. STREET ADDRESS 2705 W FAIRBANKS AVE
4. CITY, ST, ZIP WINTER PARK FL
5. NAME S
6. NAME BLAU, LESLIE
7. STREET ADDRESS 2705 W FAIRBANKS AVE
8. CITY, ST, ZIP WINTER PARK FL
9. NAME
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. NAME
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. NAME
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. NAME
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. NAME
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
29. NAME
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. NAME ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. NAME ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. NAME ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. NAME ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. NAME
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. NAME ☐ Change ☐ Addition
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
29. NAME
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the corporation stated on Form 1000, Florida Statutes. I further certify that this information is included on this annual report or supplemental annual report as filed and is available and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 1000, Florida Statutes, and that my name appears on Block 12 of this report. I do not intend to resign as an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-95 (405)645 3735