

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

1-17-95 B-0071-NC

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:28

DOCUMENT # M27339

(4)

1. Corporation Name

BRADSHAW LOTSPEICH, P.A.

Principal Place of Business

950 SOUTH MIAMI AVENUE
MIAMI FL 33130

Mailing Address

950 SOUTH MIAMI AVENUE
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/13/1986

3a. Date of Last Report
01/27/1994

4. FEI Number
59-2639486

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 § 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. State Apt # etc.

22. City & State

23. Zip

2a. Mailing Address

26. State Apt # etc.

27. City & State

28. Zip

30. Country

9. Name and Address of Current Registered Agent

LOTSPEICH, BRADSHAW
950 SOUTH MIAMI AVENUE
MIAMI FL 33130

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 607.03(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal place of business of the corporation. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am authorized to accept the obligations of Sections 607.03(2) and 607.15(8), Florida Statutes.

SIGNATURE

Signature of Agent for Change of Registered Office

Signature of Registered Agent

ATTEST

12. OFFICIAL COPY AND FEE TO BE PAID

13. ADDITIONAL CHARGES TO OFFICE FEE AND FEE TO BE PAID

NAME	DP
STREET ADDRESS	LOTSPEICH, BRADSHAW
CITY	950 SOUTH MIAMI AVENUE
STATE	MIAMI FL
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
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NAME	
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NAME		☐ Change ☐ Addition
STREET ADDRESS		
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NAME		☐ Change ☐ Addition
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STATE		
ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY		☐ Change ☐ Addition
STATE		
ZIP		

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 607.03(2)(b), Florida Statutes. I further certify that the information included in 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. If I am an officer or director of the corporation or the incorporator or foundation incorporated by me, my signature on this report and response to Chapter 193, Florida Statutes, and that my name appears on the back of the report, shall be an affidavit with an affidavit.

SIGNATURE: Bradshaw Lotspeich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95 (305) 372-0003