FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M32693** (7)

1. Corporate Name
CANNING, MURRAY, & PELTZ, P.A.

Principal Place of Business
8300 NW 53RD ST 300
MIAMI FL 33166

Mailing Address
8300 NW 53RD ST 300
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1986
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, State
23
24 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, State
28
29 30

4. FEI Number: 59-2680884
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Electronic Company Identifier Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. Does corporation qualify for exemption pursuant to Section 607.0505 Florida Statutes? ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
CANNING, DAVID R.
8300 NW 53RD ST 300
MIAMI FL 33166

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 Section 607.0501 and 607.0505 Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by their corporation's board of directors. Hereby accept the appointment as registered agent. I am familiar with and hereby accept the duties of Section 607.0505, Florida Statutes.

SIGNATURE

12. DIRECTORS AND OFFICERS

TYPE	D
NAME	MURRAY, C. ROBERT, JR.
STREET ADDRESS	16041 SW 77 CT
CITY, ST	MIAMI FL
TYPE	D
NAME	CANNING, DAVID R.
STREET ADDRESS	17900 S.W. 77TH AVENUE
CITY, ST	MIAMI FL
TYPE	DVP
NAME	PELTZ, ROBERT D
STREET ADDRESS	10220 SW 141ST ST
CITY, ST	MIAMI FL

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

TYPE	SECRETARY-TREASURER	☐ Change ☒ Add
NAME		
STREET ADDRESS		
CITY, ST		
TYPE	PRESIDENT	☐ Change ☒ Add
NAME		
STREET ADDRESS		
CITY, ST		
TYPE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY, ST		
TYPE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY, ST		
TYPE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY, ST		

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Florida Statutes; and that my name appears above, or on an attached addendum, and that my name appears in Block 12 or Block 13 in the proper capacity for filing the report for the corporation named in Block 1 herein.

SIGNATURE: C. Robert Murray C. ROBERT MURRAY, JR 1-9-95 305-477-6400

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

0102001 CP