

* FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 *

CORPORATION
ANNUAL REPORT

1994 1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAY -1 PM 4: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Corporation Name
ALAN S. FISHMAN, P.A.

DOCUMENT #
M54195

Mailing Address Principal Place of Business
**ALAN S. FISHMAN, P.A.
2300 W. Sample Road, #202
Pompano Beach, Florida 33073**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

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

3. Date Incorporated or Qualified 3a. Date of Last Report
6/26/87 12/13/94

4. FEI Number
59-2823014

5. Certificate of Status Desired
\$8.75 ☐ **\$5.00** May Be Added to Fees

6. Election Campaign Financing Trust Fund Contribution ☐

7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**Alan S. Fishman
2300 W. Sample Road, #202
Pompano Beach, Florida 33073**

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE DATE
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
	President	Fishman, Alan S.	2300 W. Sample Road, #202				
			Pompano Beach, FL 33073				
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP

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5-1-95

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 release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Alan S. Fishman Alan S. Fishman 4/27/95 (305) 975-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing