

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **M64286** (1)

1. Corporation Name

KELLY & PEMBROKE, P.A. CERTIFIED PUBLIC ACCOUNTANTS

MAY - 1 14 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O WILLIAM G PEMBROKE
10570 SO FEDERAL HWY, SUITE 202
PORT ST LUCIE FL 34952
US

Mailing Address

C/O WILLIAM G PEMBROKE
10570 SO FEDERAL HWY, SUITE 202
PORT ST LUCIE FL 34952
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1988

3a. Date of Last Report

05/01/1994

4. FFI Number

65-0018347

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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PEMBROKE, WILLIAM G
10570 SO FEDERAL HWY, SUITE 202
PORT ST LUCIE FL 34952

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 607.0402 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 607.0402, Florida Statutes.

SIGNATURE

(Signature of person authorized to change registered office or agent)

(Signature of New Registered Agent or Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

PO
PEMBROKE, WILLIAM G.
10570 S FEDERAL HWY #202
PORT ST LUCIE FL

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

13.4

NAME

STREET ADDRESS

CITY, ST, ZIP

13.5

NAME

STREET ADDRESS

CITY, ST, ZIP

13.6

NAME

STREET ADDRESS

CITY, ST, ZIP

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 135.01(2)(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 made under oath. That I am an officer or director of the corporation or the registered agent of the corporation and that my signature shall have the same legal effect as if made under oath. That my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

WILLIAM PEMBROKE

4/28/95

(Signature of Person)