

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TAMARA B. MORTIMER  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY 11 12:10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000013795 (9)

To: Certificate Number

R.L. EDWARDS, P.A.

Principal Office of Business

7420 S.W. 53RD COURT  
MIAMI FL 33143

Main Office

7420 S.W. 53RD COURT  
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification  
12/18/1992

3a. Date of Last Report  
04/22/1994

4. FEI Number  
65-0396619

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. The corporation is subject to the intangible tax under the Florida Statutes ☐ Yes ☒ No

2. Principal Office of Business

21. State: April 1994

22. City & State

23. City & State

24. City & State

26. Main Office

26. State: April 1994

27. City & State

28. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARDS, R L  
7420 S.W. 53RD COURT  
MIAMI FL 33143

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 601, 602, and 607, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the signature of, Section 607, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent

Signature of Agent

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONAL CHANGES TO OFFICER REGISTRATION TO BE IN |                                                                   |
|----------------------------|----------------------|---------------------------------------------------------|-------------------------------------------------------------------|
| 1. NAME                    | PSDT<br>EDWARDS, R L | 1. NAME                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS          | 7420 S.W. 53RD COURT | 2. NAME                                                 |                                                                   |
| 3. CITY & STATE            | MIAMI FL 33143       | 3. STREET ADDRESS                                       |                                                                   |
| 4. NAME                    |                      | 4. CITY & STATE                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME                    |                      | 5. NAME                                                 |                                                                   |
| 6. STREET ADDRESS          |                      | 6. STREET ADDRESS                                       |                                                                   |
| 7. CITY & STATE            |                      | 7. CITY & STATE                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. NAME                    |                      | 8. NAME                                                 |                                                                   |
| 9. STREET ADDRESS          |                      | 9. STREET ADDRESS                                       |                                                                   |
| 10. CITY & STATE           |                      | 10. CITY & STATE                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. NAME                   |                      | 11. NAME                                                |                                                                   |
| 12. STREET ADDRESS         |                      | 12. STREET ADDRESS                                      |                                                                   |
| 13. CITY & STATE           |                      | 13. CITY & STATE                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME                   |                      | 14. NAME                                                |                                                                   |
| 15. STREET ADDRESS         |                      | 15. STREET ADDRESS                                      |                                                                   |
| 16. CITY & STATE           |                      | 16. CITY & STATE                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. NAME                   |                      | 17. NAME                                                |                                                                   |
| 18. STREET ADDRESS         |                      | 18. STREET ADDRESS                                      |                                                                   |
| 19. CITY & STATE           |                      | 19. CITY & STATE                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (1)(7)(b), Florida Statutes. 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 am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95 (805) 665-9446  
(805) 667-8115