FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000013849 (4)**

1. Corporate Name

GERALD BLODINGER, C.P.A., P.A.

Principal Place of Business

540 NW 165TH STREET ROAD
SUITE 102
MIAMI FL 33169

Mailing Address

540 NW 165TH STREET ROAD
SUITE 102
MIAMI FL 33169

3. Date Incorporated or Qualified: **11/24/1992**

3a. Date of Last Report: **02/28/1995**

4. FEI Number: **65-0381600** ☐ 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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

9. Name and Address of Current Registered Agent

BLODINGER, GERALD
540 NW 165TH STREET ROAD
SUITE 102
MIAMI FL 33169

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 607.0505 and 607.1938, 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. The 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, Florida Statutes.

SIGNATURE DATE

12. OFFICER AND/OR DIRECTOR

D
BLODINGER, GERALD
540 NW 165TH STREET ROAD SUITE 102
MIAMI FL 33169

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I declare (verify), that the information supplied with this Foreign corporation form is true and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further declare (verify) that I am aware of and understand the requirement to file a true and accurate annual report or supplemental annual report 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 with an arrow next to it.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING OFFICER OR DIRECTOR

2/21/96 (305) 947-0105
DATE Daytime Phone #

CR2E034 (12/95)