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TALLAHASSEE, FLORIDA

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000017467 (0)

1. Corporation Name

B & D ACCOUNTING SERVICES, INC.

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FILED

30 MAY 22 1995 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2400 W. CYPRESS CREEK RD.
#100
FT. LAUDERDALE FL 33309
US**

Mailing Address

**2400 W. CYPRESS CREEK RD.
#100
FT. LAUDERDALE FL 33309
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
03/04/1993

3a. Date of Last Report
04/21/1994

4. FEI Number
65-0393765

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**

7. This corporation has liability for intangible tax under Fla. Stat. § 219.02.
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. #, etc.

State Apt. #, etc.

22

27

City & State

City & State

23

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24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOHNER, DANIEL E
2400 W. CYPRESS CREEK ROAD
#100
FT. LAUDERDALE FL 33309**

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 607.08(5) and 607.1508, Florida Statutes, the above named corporation submit 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 607.1508, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent Accepting Appointment

Signature of Registered Agent or Registered Agent Accepting Appointment

DATE

12. OFFICERS, AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS, AND DIRECTORS

NAME	PVTS
NAME	DOHNER, DANIEL E
STREET ADDRESS	733 RIVERSIDE DRIVE, #1212
CITY, ST, ZIP	CORAL SPRINGS FL
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. NAME	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. NAME	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. NAME	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. NAME	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. NAME	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. 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 139.07(2)(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 if changed, or on an attachment with an address.

SIGNATURE:

Daniel Dohner

Daniel Dohner
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/95 905-753-6994
DATE TELEPHONE