

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

FILED

95 JAN 25 PM 2 44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000018755 (7)**

1. Corporation Name

MALIA CHRISTINE FINGER, P.A.

Principal Place of Business

Mailing Address

13045 PALMETTO GLADE DR
JACKSONVILLE FL 32246

13045 PALMETTO GLADE DR
JACKSONVILLE FL 32246

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/12/1993** 3a. Date of Last Report **02/01/1994**

4. FEI Number **59-3169294** Applied For Not Application

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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

2. Principal Place of Business
21. **2685 Dahlonaga Dr.** 22. Suite, Apt. #, etc.
23. **Jacksonville, FL** 24. **32224** 25. **Duval**
26. **2685 Dahlonaga Dr.** 27. Suite, Apt. #, etc.
28. **Jacksonville, FL** 29. **32224** 30. **Duval**

9. Name and Address of Current Registered Agent
FINGER, MALIA C
13045 PALMETTO GLADE DR
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
2685 Dahlonaga Drive
83.
84. City **Jacksonville, FL** 85. Zip Code **32224**

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE Malia C. Finger, Malia C. Finger DATE 1/20/95

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	FINGER, MALIA C
STREET ADDRESS	13045 PALMETTO GLADE DR
CITY-ST-ZIP	JACKSONVILLE FL 32246
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	X 2685 Dahlonaga Drive
1.4 CITY-ST-ZIP	X Jacksonville, FL 32224
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I, the undersigned, 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)(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: Malia C. Finger DATE 1/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
President, Malia C. Finger