FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

4-28-95 B-509
Sept 95

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000026018 (0)**

1. Corporation Name

DAVID L. JACOVITZ, P.A.

Principal Place of Business	Mailing Address
10250 S.W. 56TH ST. SUITE A-203 MIAMI FL 33165	10250 S.W. 56TH ST. SUITE A-203 MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1993
3a. Date of Last Report: 06/03/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0402554 ☐ Applied For ☐ Not Applicable
21 7900 Peters Road	26 7900 Peters Road	
Suite, Apt. #, etc. 22 Suite B-100	Suite, Apt. #, etc. 27 Suite B-100	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 PLANTATION, FL	City & State 28 PLANTATION, FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip / County 24 33324 / 25 U.S.A.	Zip / County 29 33324 / 30 U.S.A.	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACOVITZ, DAVID L 10250 S.W. 56TH ST. SUITE A-203 MIAMI FL 33165	01 Name: DAVID L. JACOVITZ 02 Street Address (P.O. Box Number is Not Acceptable): 7900 PETERS ROAD, Suite B-100 03 04 City: PLANTATION FL 05 Zip Code: 33324

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: David L. Jacovitz — DAVID L. JACOVITZ (Typed or printed name of registered agent and title if applicable) — 4/26/95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	PSTD ☑ Change ☐ Addition
NAME	JACOVITZ, DAVID L	12 NAME	DAVID L. JACOVITZ
STREET ADDRESS	10250 S.W. 56TH ST. #A203	13 STREET ADDRESS	7900 Peters Road, Suite B-100
CITY ST ZIP	MIAMI FL 33165	14 CITY ST ZIP	PLANTATION, FL 33324
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 119.07(3)(i), 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 addition.

SIGNATURE: David L. Jacovitz — DAVID L. JACOVITZ — 4/26/95 (Date) — (305) 472-0808 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0177483 CP