FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:18

DOCUMENT # **P93000051432 (1)**

1. Corporation Name
ROUX AND ASSOCIATES, CPA, P.A.

Principal Place of Business	Mailing Address
2945 MYRTLE OAK CIRCLE DAVIE FL 33328	2945 MYRTLE OAK CIRCLE DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1993
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 4280 EAST TAMIAMI TRAIL	26 4280 EAST TAMIAMI TRAIL
Suite, Apt. #, etc. 22 SUITE 303	Suite, Apt. #, etc. 27 SUITE 303
City & State 23 NAPLES, FL	City & State 28 NAPLES, FL
Zip / Country 24 33962 / 25 COLLIER	Zip / Country 29 33962 / 30 COLLIER

4. FEI Number: 65-0421648 ☐ 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

9. Name and Address of Current Registered Agent

ROUX, HOWARD S
2945 MYRTLE OAK CIRCLE
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4280 EAST TAMIAMI TRAIL, SUITE 303
83
84 City: NAPLES FL 85 Zip Code: 33962

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: [signature] HOWARD S. ROUX 3-29-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☒ Change ☐ Addition	
NAME	ROUX, SUSAN W	12 NAME		
STREET ADDRESS	2945 MYRTLE OAK CIRCLE	13 STREET ADDRESS	4280 EAST TAMIAMI TRAIL, SUITE 303	
CITY ST ZIP	DAVIE FL 33328	14 CITY ST ZIP	NAPLES, FL 33962	
TITLE	D	21 TITLE	☒ Change ☐ Addition	
NAME	ROUX, HOWARD S	22 NAME		
STREET ADDRESS	2945 MYRTLE OAK CIRCLE	23 STREET ADDRESS	4280 EAST TAMIAMI TRAIL, SUITE 303	
CITY ST ZIP	DAVIE FL 33328	24 CITY ST ZIP	NAPLES, FL. 33962	
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 address.

SIGNATURE: [signature] HOWARD S. ROUX 3/29/95 813-775-8776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000008 CP