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 MAR 17 AM 10:30

DOCUMENT # P93000071977 (1)

1. Corporation Name
JOEL S. TREUHAFT, P.A.

Principal Place of Business	Mailing Address
~~606 MADISON STREET~~ ~~SUITE 2001~~ ~~TAMPA FL 33602~~	~~606 MADISON STREET~~ ~~SUITE 2001~~ ~~TAMPA FL 33602~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 334 East Lake Road	26 334 East Lake Road
Suite, Apt. #, etc. 22 #254	Suite, Apt. #, etc. 27 #254
City & State 23 Palm Harbor, FL	City & State 28 Palm Harbor FL
Zip 24 34685 Country 25 USA	Zip 29 34685 Country 30 USA

4. FEI Number: 59-3206695 ☐ 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	10. Name and Address of New Registered Agent
TREUHAFT, JOEL S ~~606 MADISON STREET~~ ~~SUITE 2001~~ ~~TAMPA FL 33602~~	81 Name: TREUHAFT JOEL S. 82 Street Address (P.O. Box Number is Not Acceptable): 334 East Lake Road 83 #254 84 City: Palm Harbor FL 85 Zip Code: 34685

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: Joel S. Treuhaft 3.13.95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREUHAFT, LINDA L ~~116 KENDALE DRIVE~~ ~~SAFETY HARBOR FL 34695~~	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Treuhaft, Linda 334 East Lake Road, #254 Palm Harbor, FL 34685 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREUHAFT, JOEL S ~~116 KENDALE DRIVE~~ ~~SAFETY HARBOR FL 34695~~	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Treuhaft, Joel S. 334 East Lake Road #254 Palm Harbor, FL 34685 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Linda Lue Treuhaft LINDA LUIGO TREUHAFT 3/13/95 (813) 785-0779
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000413 CF