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

APPROVED AND FILED
95 MAR -6 PM 6:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000002281 (1)**

1. Corporation Name
JOHN A. RITTER, P.A.

Principal Place of Business	Mailing Address
5445 COLLINS AVENUE SUITE 100 MIAMI BEACH FL 33140	5445 COLLINS AVENUE SUITE 100 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 555 NE. 15 ST
22 Suite, Apt. #, etc.: 100
23 City & State: MIAMI FLA
24 Zip: 33132
25 Country: DADE

2a. Mailing Address
26: P.O. BOX 416253
27 Suite, Apt. #, etc.:
28 City & State: MIAMI FL
29 Zip: 33141
30 Country: DADE

4. FEI Number: 65-0522597 ☐ 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

RITTER, JOHN A
5445 COLLINS AVENUE
SUITE 100
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name: John Ritter
82 Street Address (P.O. Box Number is Not Acceptable): 555 NE 15 ST
83: Suite 100
84 City: MIAMI FL 85 Zip Code: 33132

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: John A Ritter John A Ritter PRES DATE: 2/6/95
(Signature, Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PSTD ☒ Change ☐ Addition
NAME	RITTER, JOHN A	1.2 NAME	JOHN RITTER
STREET ADDRESS	5445 COLLINS AVENUE, SUITE 100	1.3 STREET ADDRESS	555 NE 15 ST
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	MIAMI FL. 33132
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	800001423158
STREET ADDRESS		3.3 STREET ADDRESS	-03/07/95--01098--013
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	3/6/95 ☐ Change ☐ Addition
NAME		6.2 NAME	NST
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: John A Ritter John A Ritter PRES 2/6/95
(Signature and Typed or Printed Name of Individual) (Title) (Date)

(Daytime Phone #) 305 372-0933

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