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 JUN 28 AM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000002292

1. Corporation Name

ROBERT F. BOLLINGER, P.A.

Principal Place of Business	Mailing Address
13499 BISCAYNE BLVD. SUITE A NORTH MIAMI, FL 33181	13499 BISCAYNE BLVD. SUITE A NORTH MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: JANUARY 1, 1994
3a. Date of Last Report: N/A

	Principal Place of Business		Mailing Address
2. / 21	13499 BISCAYNE BLVD	2a. / 26	13499 BISCAYNE BLVD.
Suite, Apt. #, etc. / 22	SUITE A	Suite, Apt. #, etc. / 27	SUITE A
City & State / 23	NORTH MIAMI FL	City & State / 28	NORTH MIAMI FL
Zip / 24	33181	Zip / 29	33181
Country / 25	USA	Country / 30	USA

4. FEI Number: 65-0460525 ☐ 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

ROBERT BOLLINGER
5445 COLLINS AVENUE
SUITE 100
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name: ROBERT BOLLINGER
82 Street Address (P.O. Box Number is Not Acceptable): 13499 BISCAYNE BLVD.
83: SUITE A
84 City: NORTH MIAMI FL 85 Zip Code: 33181

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: S/A ROBERT BOLLINGER 5-24-95
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	DIRECTOR	1.1 TITLE	☑ Change ☐ Addition
NAME	ROBERT BOLLINGER	1.2 NAME	
STREET ADDRESS	5445 COLLINS AVENUE, SUITE 100	1.3 STREET ADDRESS	13499 BISCAYNE BLVD, SUITE A
CITY-ST-ZIP	MIAMI BEACH, FL 33140	1.4 CITY-ST-ZIP	NORTH MIAMI FL 33181
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	
STREET ADDRESS		3.3 STREET ADDRESS	900001527489
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-06/29/95--01081--023
TITLE		4.1 TITLE	*****225.00 *****225.00 ☐ 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	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CH

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: S/A ROBERT BOLLINGER 5-24-95 (305) 767-9662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #