

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 AM 11:59

DOCUMENT # **P94000021654 (6)**

1. Corporation Name

MYRON E. CLICK, P.A.

Principal Place of Business

P.O. BOX 10879
NAPLES FL 33941

Mailing Address

P.O. BOX 10879
NAPLES FL 33941

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt., etc.

Suite, Apt., etc.

22

City & State

27

City & State

23

Zip

28

CLICK, MYRON E
2887 E TAMAMI TR
SUITE 4
NAPLES FL 33962

29

Country

30

Country

3. Date Incorporated or Qualified
03/17/1994

3a. Date of Last Report

4. FEI Number
65 - 0478639

Applied For

Not Applicable

5. Certificate of Status Desired \$6.75 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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 typed or printed name, Registration Agent signature required when resuming)

(Note: Registered Agent signature required when resuming)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICE	PSTD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLICK, MYRON E	12 NAME	
STREET ADDRESS	814 WILDWOOD LN	13 STREET ADDRESS	
CITY ST ZIP	NAPLES FL 33942	14 CITY ST ZIP	
OFFICE	ASAT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLICK, JANIS R	22 NAME	
STREET ADDRESS	814 WILDWOOD LN	23 STREET ADDRESS	
CITY ST ZIP	NAPLES FL 33942	24 CITY ST ZIP	
OFFICE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
OFFICE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
OFFICE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
OFFICE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(c)(g), 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: Myron Ellick (Myron E. Click)

BIGITAUT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-95 (84)792-7373
Date
Dayline Photo