

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000027276 (2)

1. Corporation Name

ASHLING M. ROCHE, P.A.



Principal Place of Business

Mailing Address

1800 SOUTH OCEAN BLVD.  
SUITE 1506  
POMPANO BEACH FL 33062  
US

1800 SOUTH OCEAN BLVD  
SUITE 1506  
POMPANO BEACH FL 33062  
US

3. Date Incorporated or Qualified

04/08/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0481001

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

2. Principal Place of Business

2a. Mailing Address

21 1300 S.E. 17th St. Causeway

26 1300 S.E. 17th St. Causeway

Suite, Apt. #, etc

Suite, Apt. #, etc

22 # 217

27 # 217

City & State

City & State

23 Fort Lauderdale, FL

28 Fort Lauderdale, FL

Zip

Zip

24 33316

29 33316

Country

Country

25 U.S.A.

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROCHE, ASHLING M  
ONE EAST BROWARD BLVD  
SUITE 620  
FT. LAUDERDALE FL 33301

81 Name

Roche, Ashling M.

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

1300 S.E. 17th Street-Causeway

83

Suite 217

84

Fort Lauderdale, FL

85

Zip Code

33316

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 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 P ☐ DELETE  
NAME ROCHE, ASHLING M  
STREET ADDRESS ONE EAST BROWARD BLVD., STE 620  
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE P ☐ Change ☐ Addition  
1.2 NAME ROCHE, Ashling  
1.3 STREET ADDRESS 1300 S.E. 17th St. Causeway #217  
1.4 CITY-ST-ZIP Fort Lauderdale FL 33316

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/96 (954)467-6616

CR2E034 (3/96)