

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027684 (7)

1. Corporation Name

ROBERT L. POLLACK, P.A.

Principal Place of Business

Mailing Address

11983 TAMAMI TRAIL N
SUITE 116
NAPLES FL 33963

11983 TAMAMI TRAIL N
SUITE 116
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/12/1994

4. FEI Number

Applied For

65-0481791

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 11983 Tamami Trail N
Suite, Apt. #, etc

26 11983 Tamami Trail N
Suite, Apt. #, etc

22 Suite 101-102
City & State

27 Suite 101-102
City & State

23 Naples, Florida
Zip Country

28 Naples, Florida
Zip Country

24 33963 USA

29 33963 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

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 of Agent or Registered Agent and the Corporation)

(Signature of Registered Agent (Signature required when registering))

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
D
NAME
POLLACK, ROBERT L
STREET ADDRESS
11983 TAMAMI TRAIL N SUITE 116
CITY, ST, ZIP
NAPLES FL 33963

1.1 TITLE
D
NAME
Pollack, Robert L
STREET ADDRESS
11983 Tamami Trail N Suite 101-102
CITY, ST, ZIP
Naples, Florida 33963

1.2 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

1.3 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

1.4 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

1.5 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

1.6 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
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 110.02(5)(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 registered or business empowered to execute this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Pollack

4/25/95 8/13 515-9554