SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL -6 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056465 (5)

1. Corporation Name

MICHAEL CRIMI JR., P.A. - C. P.A.

Principal Place of Business	Mailing Address
30 EAST ORANGE AVENUE EUSTIS FL 32726	30 EAST ORANGE AVENUE EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1994
3a. Date of Last Report: 1995

21 2. Principal Place of Business	26 2a. Mailing Address: 4492 SE 109th Place	4. FEI Number: 59-3266402	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State: Belleview FL	6. Electronic Filing Requested ☐	$5.00 May Be Added to Fees
24 ZIP / 25 Country	29 ZIP: 34420 / 30 Country	8. This corporation has solely its employees (as defined in Florida Statutes) ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CRIMI, MICHAEL JR
30 EAST ORANGE AVENUE
EUSTIS FL 32726

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] (Florida Registered Agent's signature required when applicable) DATE: 6/30/95

12. OFFICERS AND DIRECTORS		13. Add, Change, or Delete Officers and Directors	
11 TITLE	President	11 TITLE	☐ Change ☐ Addition
12 NAME	Michael Crimi JR	12 NAME	
13 STREET ADDRESS	4492 SE 109 Place	13 STREET ADDRESS	
14 CITY-ST-ZIP	Belleview FL 34420	14 CITY-ST-ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY-ST-ZIP		24 CITY-ST-ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. To the best of my knowledge, the information supplied with this filing is substantially complete 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, added or deleted) with an address.

SIGNATURE: [signature] 6/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date (mm/dd/yy)

CR2E034 (3/95)

000018 CP