FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
AND
FILED

95 JAN -1 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060963 (3)

1. Entity Name
FLORIDA ETHICS, INC.

Principal Address
8181 W. BROWARD BLVD.
SUITE 262
PLANTATION FL 33324

Mailing Address
8181 W. BROWARD BLVD.
SUITE 262
PLANTATION FL 33324

Please type in this space

3. Date Incorporated or Qualified: 08/18/1994
3a. Date of Last Report:

2. Principal Street Address
21 2937 Kerry Forest Pkwy
22 B-2
23 Tallahassee, FL
24 32309 25 USA

2a. Mailing Address
26 2937 Kerry Forest Pkwy
27 B 2
28 Tallahassee, FL
29 32308 30 USA

4. FEI Number: 65-0256107
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. The corporation is a(n) insurance company as defined in s. 624.03, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ETKIN, PATRICIA S
8181 W. BROWARD BLVD.
SUITE 262
PLANTATION FL 33324

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 Section 607.1007, 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 appoint the registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
D WEISS, JOHN A 101 N. GADSDEN ST. TALLAHASSEE FL 32302	X Change ☐ Addition 2937 Kerry Forest Pkwy Tallahassee, FL 32308
D ETKIN, PATRICIA S 8181 W. BROWARD BLVD., SUITE 262 PLANTATION FL 33324	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report, including any supplemental information required by the Department, is true, accurate and complete as of the date of this report. I am a director or officer 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 above, or on an attachment with all other like empowered.

SIGNATURE: Patricia S Etkin, Director 4/21/95 AS OF 4/21/1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0232016 CP