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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 3:38

DOCUMENT # **P94000070366 (7)**

1. Corporation Name
**WENDY A. SEIDLIN, P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 8701 GATEHOUSE RD<br>PLANTATION FL 33324 | 8701 GATEHOUSE RD<br>PLANTATION FL 33324 |

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Qualification: 09/23/1994
3a. Date of Last Report:
4. FEI Number: 65-0529218 — 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
7. Did corporation file last report as required by Florida Statutes: Yes / No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.: 22 | Suite, Apt. #, etc.: 27 |
| City & State: 23 | City & State: 28 |
| Zip: 24 / Country: 25 | Zip: 29 / Country: 30 |

**9. Name and Address of Current Registered Agent**

SEIDLIN, WENDY A ESQ
8701 GATEHOUSE RD
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 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
(Appointed Registered Agent's Signature) (Date) (Registered Agent's Typed or Printed Name)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Change / Addition) |
|---|---|---|
| TITLE | DP | |
| NAME | SEIDLIN, WENDY A | |
| STREET ADDRESS | PO BOX 19255 N/A | |
| CITY-ST-ZIP | PLANTATION FL 33318-0255 | |
| TITLE | VST | |
| NAME | SEIDLIN, WENDY A | |
| STREET ADDRESS | PO BOX 19255 N/A | |
| CITY-ST-ZIP | PLANTATION FL 33318-0255 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
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| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is true and accurate and that my signature shall be 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 above, or on an attachment with an address.

**SIGNATURE:** Wendy Seidlin 2/19/95 305-474-5612
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR (Date) (Telephone Number)

0231601 CP