SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $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 26 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077904 (8)**

1. Corporate Name
RICHARD J. ZADEN & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
2940 NORTH COURSE DR., SUITE 405 POMPANO BEACH FL 33069	2940 NORTH COURSE DR., SUITE 405 POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/24/1994** | 3a. Date of Last Report:

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

4. FEI Number — Applied For ☐ / Not Applicable ☐ (X)

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. [illegible] ☐ — **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ N/A

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name: Richard J. Zaden Esq. P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 1749 N.E. 26th St. 83: Suite "B" 84 City: Fort Lauderdale FL 85 Zip Code: 33305

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: Richard J. Zaden Esq. 7/26/95
(If changing Registered Agent, new Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS	13.
Title: President & Secretary NAME: ZADEN, RICHARD J STREET ADDRESS: 2940 NORTH COURSE DR., SUITE 405 CITY-ST-ZIP: POMPANO BEACH FL 33069	☐ Change ☐ Addition
Title: Vice President & Treasurer NAME: Leonard Scott Cohan STREET ADDRESS: 2940 North Course Dr. #405 CITY-ST-ZIP: Pompano Beach, FL 33069	☐ Change ☐ Addition 100001548141 -07/27/95--01084--021 ****225.00 ****225.00
Title: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
Title: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
Title: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition 7/26/95 MS
Title: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 1, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Leonard Scott Cohan Leonard Scott Cohan 7/6/95 (305) 977 2481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (3/95)

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