

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

* CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P94000087579 (6)**

95 APR 18 PM 5:41

1. Corporation Name

MARTIN B. UNGER & ASSOCIATES, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**% MAHONEY ADAMS & CRISER PA
50 N LAURA ST 3400 BARNETT CENTER
JACKSONVILLE FL**

**% MAHONEY ADAMS & CRISER PA
50 N LAURA ST 3400 BARNETT CENTER
JACKSONVILLE FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/02/1994

4. FET Number

Applied For

59-3280484

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. 193.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~RAX-00~~
~~% MAHONEY ADAMS & CRISER PA~~
~~50 N LAURA ST 3400 BARNETT CENTER~~
~~JACKSONVILLE FL~~

B1 Name

Martin B. Unger

B2 Street Address (P.O. Box Number is Not Acceptable)

790 N. Orange Avenue

B3 City

Orlando,

FL

B5 Zip Code
32801

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

Martin B. Unger

Martin B. Unger, President

2-15-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D**
12 NAME **UNGER, MARTIN B**
13 STREET ADDRESS **% MAHONEY ADAMS CRISER PA 50 N LAURA ST**
14 CITY ST ZIP **JACKSONVILLE FL 32202**

11 TITLE **D/P** Change Addition
12 NAME
13 STREET ADDRESS **790 N. Orange Avenue**
14 CITY ST ZIP **Orlando, Florida 32801**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

11 TITLE **V** Change Addition
12 NAME **John C. Willis, IV**
13 STREET ADDRESS **790 N. Orange Avenue**
14 CITY ST ZIP **Orlando, Florida 32801**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

11 TITLE **S/T** Change Addition
12 NAME **John M. Cacciatore**
13 STREET ADDRESS **790 N. Orange Avenue**
14 CITY ST ZIP **Orlando, Florida 32801**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 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 110.07(3)(g), Florida Statutes. I further certify that the information indicated on this 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 its receiver or trustee or authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13.

SIGNATURE:

Martin B. Unger
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
Martin B. Unger, President

2-15-95

(407) 425-6880