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

FILED
95 AUG -8 AM 10: 11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000092202 (8)**

1. Corporation Name

JOSEPH A. MCKEEL, C.P.A., PROFESSIONAL ASSOCIATI ON

Principal Place of Business	Mailing Address
1210 U.S. HWY ONE. SUITE 250 NORTH PALM BEACH FL 33408	1210 U.S. HWY ONE. SUITE 250 NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1994
3a. Date of Last Report:

2. Principal Place of Business 21 11911 U.S. HWY ONE	2a. Mailing Address 26 11911 U.S. HWY ONE	4. FEI Number: 65-0557304 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 SUITE 201	Suite, Apt. #, etc. 27 SUITE 201	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 NORTH PALM BEACH, FL	City & State 28 NORTH PALM BEACH, FL	6. [illegible] ☐ **$5.00** May Be Added to Fees
Zip: 24 33408 Country: 25 USA	Zip: 29 33408 Country: 30 USA	8. This corporation has [illegible] for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

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: [illegible] (If changed, New Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. [illegible]	
TITLE	P	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	MCKEEL, JOSEPH A	12 NAME	MCKEEL, JOSEPH A.
STREET ADDRESS	1210 U.S. HWY ONE, SUITE 250	13 STREET ADDRESS	11911 U.S. HWY ONE, STE. 201
CITY ST ZIP	NORTH PALM BEACH FL 33408	14 CITY ST ZIP	NORTH PALM BEACH, FL 33408
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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 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 or on an attachment with an address.

SIGNATURE: [illegible] JOSEPH A. MCKEEL 8-4-95 (407) 625-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003322 CP