SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name P95000047674 (3)

MARIO D. GERMAN & ASSOCIATES, P.A.

EPPROVED AND FILED

96 MUG 29 PM 12: 01

CECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address		r armerammi sim imiði ækite matri mærif m	Maine Motan demat fodta deite foden dedt fode
3111 UNIVERSITY DRIVE. SUITE 405 CORAL SPRINGS FL 33065				
			3. Date incorporated or Qualified 06/15/1995	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2101 W. Commerce.		ommercial Bl	ud 65-05931	59 Not Applicable
Suite, Apt #, etc 2300	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 3300 City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Ft. Lauderdol		erdole, Fe	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for i	intangible tax under s. 199 032,
24 33309 25 US	A 29 33309	30 USA	Florida Statutes	Yes No
9. Name and Address o	f Current Registered Agent		10. Name and Address of New Re	gistered Agent
GERMAN, MARIO D ESQ.		81 Name <	Berman Mario	D. Esa
3111 UNIVERSITY DRIVE, SUITE 405			lress (P.O. Box Number is Not Acceptab	le)
Coral Springs FL 3306	5	83 210	1 West Comme	(10 Blod,
. 1		$ S_{0} $	te 3300	
// .		84 City	1 (1)	85 Zip Code
11 Physicant to the provisions of Sections	607 0502 and 607 1508. Florida Statuto	the above-named corr	poration submits this statement for the pi	roose of changing its registered
11. Presuant to the provisions of Sections of the or digistered agent, or both, in the agent. I amilian with, and accept the	ne State of Florida, Such change was au	thorized by the corporat	ion's board of directors. Thereby accept	the appointment as registered
1 1 Y A	Te obligations, segment viscos, viol	1	5	X/7196
SIGNATURE Synature typed or printed carner of reg	whered agent and title if applicable (NOTE	Registered Agent signature requ	ired when Genstating)	OA'E
	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
NAME Mario DGorma	L DEFELE	1 1 THILE		Change Addition
NAME MOTIO JOSSIA	10:01 Bluf # 3300	1.2 NAME		
STREET ADDRESS 2101 W. Cample	22102	13 STREET ADDRESS		
TITLE TELOURISH	. (e, FC 33509) DELETE	1.4 CITY - ST - ZIP 2.1 THILE		Change Addition
NAME		2 2 NAME	6000	001941786
STREET ADDRESS		2 3 STREET ADDRESS		/9601011001
CITY-ST-ZIP		2 4 C:TY - S1-ZIP	****22	!5.00 *** *225.00
TITLE	DELETE	3 1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CiTY-ST-ZiP		34 CITY-ST-ZIP		
THLE	DELETE	4 1 THTLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP THE	DELETE.	4 4 CHY - ST- ZIP 5 1 DILE		Change Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CiTy - ST - ZiP		54 CITY - ST - ZIP		
THE	DELETE	6 1 TITLE		Change Addition
NAME		6 2 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		6 4 CITY - ST - ZIP		
 I do hereby certify that the information further certify that the information indice 	eated on this annual report or supplemen	ital annual report is true.	and accurate and that my signature sha	II have the same legal effect as 🛝 🚺
made under oath; that Lath an officer of	or director of the corporation or the rece Block 13 if changed, or on an attachment	ver or trustee empowere	ed to execute this report as required by C	Chapter 617, Florida Stalutes, and
The Williams of Arthur Williams		1 A	26/20	(724)
SIGNATURE:			8/2/06	777-0290
SIGNATURE AND	TYPED OR PRINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	∦ Dar ∦ ″	Onytime Priorie #