

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

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CORPORATION ANNUAL REPORT 1995



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

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S25738 (3)
1. Corporation Name
CHARLES JAMES KNOWLES, C.P.A., P.A.

Principal Place of Business Mailing Address
7550 SW 57 AVE. S-112 S MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **01/17/1991** 3a. Date of Last Report **04/22/1994**
4. FEI Number **65-0236255** 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**
8. This corporation has liability for intangible tax under S 196.037 Florida Statutes Yes No

2. Principal Officers and Directors
21. Name **26. Mailing Address**
22. State, Apt # etc. **27. State, Apt # etc.**
23. City & State **28. City & State**
24. Zip **25. Country** **29. Zip** **30. Country**

9. Name and Address of Current Registered Agent
**KNOWLES, CHARLES J.
7550 SW 57 AVE.
S-112
S MIAMI FL 33143**

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 607.0507 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME D KNOWLES, CHARLES J.	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. STREET ADDRESS 7550 SW 57 AVE., S-112	2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. CITY & STATE S MIAMI FL	3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. NAME	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. STREET ADDRESS	5. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. CITY & STATE	6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. NAME	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
8. STREET ADDRESS	8. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. CITY & STATE	9. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME	10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. STREET ADDRESS	11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. CITY & STATE	12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 190.021(4)(b), Florida Statutes. I further certify that the information provided on the 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, the removal or transfer of my name is requested in this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 12 of this filing only if accompanied by an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-95 505 665528