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

CORPORATION ANNUAL REPORT **1995**

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

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**SECRETARY OF STATE**
**DIVISION OF CORPORATIONS**
**95 MAR 14 AM 7:56**

DOCUMENT # **S71222** **(1)**

1. Corporation Name
**GARBER & CAMPBELL, P.A.**

DO NOT WRITE IN THIS SPACE.

| Principal Place of Business | Mailing Address |
|---|---|
| 12000 BISCAYNE BLVD<br>503<br>MIAMI FL 33181<br>US | 12000 BISCAYNE BLVD.<br>503<br>MIAMI FL 33181<br>US |

3. Date Incorporated or Qualified: **08/01/1991**
3a. Date of Last Report: **04/21/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 **216** | Suite, Apt. #, etc.<br>27 **216** |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

4. FEI Number: **65-0280010** ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| CAMPBELL, CHERRIE F.<br>12000 BISCAYNE BLVD., #503<br>SUITE 202<br>MIAMI FL 33181 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 SUITE 216<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Section 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 agree to, the obligations of section 607.0505, Florida Statutes.

SIGNATURE: CHERRIE F. CAMPBELL DATE: 3/9/95.
(If changing Registered Agent, Registered Agent's signature required; if not changing, Registered Agent signature not required)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GARBER, HAROLD M.<br>12000 BISCAYNE BLVD., #503<br>MIAMI FL | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☒ Change ☐ Addition<br>12000 BISCAYNE BLVD. #216 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CAMPBELL, CHERRIE F.<br>12000 BISCAYNE BLVD., #503<br>MIAMI FL | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☒ Change ☐ Addition<br>12000 BISCAYNE BLVD. #216 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition |

14. I (I) 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: HAROLD M. GARBER 3/9/95 305/895-0420
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0199993 CP