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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:31

DOCUMENT # **S77795** **(0)**

1. Corporation Name
LANCE P. MIRRER, CPA, P.A.

Principal Place of Business	Mailing Address
1922 TYLER ST HOLLYWOOD FL 33020 US	1922 TYLER ST HOLLYWOOD FL 33020 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/03/1991
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21 200 S. PINE ISLAND RD
Suite, Apt. #, etc.: 22 SUITE 206
City & State: 23 PLANTATION, FL
Zip: 24 33324 Country: 25 USA

2a. Mailing Address
26 200 S. PINE ISLAND RD.
Suite, Apt. #, etc.: 27 SUITE 206
City & State: 28 PLANTATION, FL
Zip: 29 33324 Country: 30 USA

4. FEI Number: 65-0284153 ☐ 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

MIRRER, LANCE P.
1922 TYLER ST
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: MIRRER, LANCE P.
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. PINE ISLAND RD.
83 SUITE 206
84 City: PLANTATION FL 85 Zip Code: 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	1.1 TITLE	DPS	☒ Change ☐ Addition
NAME	MIRRER, LANCE P.	1.2 NAME	MIRRER, LANCE P.	
STREET ADDRESS	1922 TYLER ST	1.3 STREET ADDRESS	200 S. PINE ISLAND RD, SUITE 206	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	VPT	2.1 TITLE	VPT	☒ Change ☐ Addition
NAME	MIRRER, FRANK	2.2 NAME	MIRRER, FRANK	
STREET ADDRESS	1922 TYLER ST	2.3 STREET ADDRESS	200 S. PINE ISLAND RD, SUITE 206	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 119.07(3)(k), 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: Lance P. Mirrer Lance P. Mirrer 3-1-95 305-473-1099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000833 CP