

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:17

DOCUMENT # **V03306** (0)

1. Corporation Name
CRAIG B. AUGUST, D.C., P.A.

Principal Place of Business Mailing Address
**695 NE 126 ST.
MIAMI FL 33161
US** **695 NE 126 ST.
MIAMI FL 33161
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/01/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0316801** 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

2. Principal Place of Business 2a. Mailing Address
21 **12603 N.E. 7th Ave.** 26 **12603 N.E. 7th Ave.**
State, Apt #, etc. State, Apt #, etc.
22 City & State 27 City & State
23 **N. Miami** 28 **N. Miami**
Zip Country Zip Country
24 **33161** 25 **USA** 29 **33161** 30 **USA**

9. Name and Address of Current Registered Agent
**BENEFELD, BRUCE J.
7800 W. OAKLAND PARK BLVD.
#109
SUNRISE FL 33351**

10. Name and Address of New Registered Agent
81 Name **August, Craig B.**
82 Street Address (P.O. Box Number is Not Acceptable) **12603 N.E. 7th Ave.**
83
84 City **N. Miami** 85 Zip Code **FL 33161**

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 **Craig B. August** 3/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUST, CRAIG B., D.C.	12 NAME	
STREET ADDRESS	695 NE 126 ST	13 STREET ADDRESS	12603 N.E. 7th Ave.
CITY - ST - ZIP	N. MIAMI FL	14 CITY - ST - ZIP	N. Miami, FL 33161
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true and comply for the recognition stated in Section 134.01(1)(b), Florida Statutes. I further certify that the information included in 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 appointed to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on any supplemental filing.

SIGNATURE **Craig B. August** 3/27/95 305 895-1999