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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 30 AM 7:33

DOCUMENT # **V09915** **(2)**

1. Corporation Name

CEBALLOS, SHORSTEIN & KELLY, P.A.

Principal Place of Business	Mailing Address
402 DUPONT CENTER 1660 PRUDENTIAL DRIVE JACKSONVILLE FL 32207 US	402 DUPONT CENTER 1660 PRUDENTIAL DRIVE JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/29/1992**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business	2a. Mailing Address
21 1660 Prudential Drive	26 1660 Prudential Drive Suite 402
Suite, Apt. #, etc 22 Suite 402	Suite, Apt. #, etc 27 Suite 402
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, Fl
Zip / Country 24 32207 / 25 Duval	Zip / Country 29 32207 / 30 Duval

4. FEI Number: **59-3103103** ☐ 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
SHORSTEIN, MICHAEL A. **1660 PRUDENTIAL DRIVE** **402 DUPONT CENTER** **JACKSONVILLE FL 32207**	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 607.0502 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	CEBALLOS, M. ALAN	12 NAME	
STREET ADDRESS	1660 PRUDENTIAL DR.,#402	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	DVTS	21 TITLE	☐ Change ☐ Addition
NAME	SHORSTEIN, MICHAEL A.	22 NAME	
STREET ADDRESS	1660 PRUDENTIAL DR.,#402	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	KELLY, BRIAN T.	32 NAME	
STREET ADDRESS	1660 PRUDENTIAL DR.,#402	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	DV	41 TITLE	☒ Change ☐ Addition
NAME	DAZE, DOUGLAS E.	42 NAME	Delete as officer + Director
STREET ADDRESS	1660 PRUDENTIAL DR.,#402	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this report 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 is an attachment with an address.

SIGNATURE: _____ 1/10/95 904-348-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael A. Shorstein