

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

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

2017-1 / M 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **V10097 (6)**

1. Corporation Name
DENNIS J. CARY, P.A.

Principal Place of Business Mailing Address
500 E BROWARD BLVD SUITE 1050 FT LAUDERDALE FL 33394

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

4. FEI Number **65-0307988** 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**

7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		2b. Mailing Address		2c. Mailing Address		2d. Mailing Address	
State, Apt. #, etc.		City & State		City & State		City & State		City & State	
Country		Country		Country		Country		Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARY, DENNIS J
500 E BROWARD BLVD
SUITE 1050
FT LAUDERDALE FL 33394**

81	82	83	84	85
Name	Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code

11. I, the undersigned, in the presence of Sections 607.030(1) and 607.150(1), Florida Statutes, the above named corporation, certify the statement for the purpose of changing its registered office as required herein 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 fully aware of and accept the obligations of Sections 607.030(1) and 607.150(1), Florida Statutes.

Signature of Registered Agent: _____ Title: _____ Signature of Secretary of State: _____ Title: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D CARY, DENNIS J 500 E BROWARD BLVD #1050 FT LAUDERDALE FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE		DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE		DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and is fully for the corporation stated in Sections 191.02(1)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report, true and accurate, and that my signature shall have the same legal effect as if made under oath. I am fully aware of and accept the obligations of the corporation of Sections 191.02(1)(a), Florida Statutes, and that my name appears on the list of officers and directors of the corporation.

SIGNATURE: *Dennis J. Cary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dennis J. Cary

4/28/95 (805) 767-4800