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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 APR 11 PM 3:36

DOCUMENT # **V20912** **(4)**

1. Corporation Name

FRAZIER, HOTTE & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
2455 EAST SUNRISE BOULEVARD SUITE 600 FT. LAUDERDALE FL 33304	2455 EAST SUNRISE BOULEVARD SUITE 600 FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1992
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21: 2400 E. COMMERCIAL
22 Suite, Apt. #, etc.: #826
23 City & State: FT. LAUD, FL
24 Zip: 33308
25 Country: BROWARD

2a. Mailing Address
26: 2400 E. COMMERCIAL
27 Suite, Apt. #, etc.: #826
28 City & State: FT. LAUD, FL
29 Zip: 33308
30 Country: BROWARD

4. FEI Number: 65-0318780 ☐ 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

FRAZIER, ROBERT W., JR.
2455 EAST SUNRISE BOULEVARD
SUITE 600
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2400 E. COMMERCIAL
83: SUITE 826
84 City: FT. LAUDERDALE **FL** 85 Zip Code: 33308

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	11 TITLE	☐ Change ☐ Addition
NAME	FRAZIER, ROBERT W., JR.	12 NAME	
STREET ADDRESS	2455 E SUNRISE BLVD #600	13 STREET ADDRESS	2400 E. COMMERCIAL #826
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HOTTE, JOHN F	22 NAME	
STREET ADDRESS	2455 E SUNRISE BLVD, STE 600	23 STREET ADDRESS	2400 E. COMMERCIAL #826
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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 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)(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 alteration.

SIGNATURE: _____ 4/7/95 305-928-1800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

021177 CP