

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V27002

(7)

1. Corporation Name

VIRGINIA WATERS, P.A.

2. Principal Place of Business

**7831 NW 41 CT
SUNRISE FL 33351**

3. Mailing Address

**7831 NW 41 CT
SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

04/06/1992

3a. Date of Last Report

07/12/1994

4. FIC Number

65-0433415

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contributions

☐ **\$5.00 May Be
Added to Fees**

9. This corporation has complied with the requirements of Chapter 65, F.S. (FIC)
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. State

2a. Mailing Address

25. Suite, Apt. #, etc.

27. City & State

28. Zip

29. State

9. Name and Address of Current Registered Agent

**WATERS, VIRGINIA
7831 NW 41 CT
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(3)(b) Florida Statutes, the above named corporation admits 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. Thereby, accept the appointment as registered agent. I am hereby willing to accept the obligations of Section 607.06(5) Florida Statutes.

SIGNATURE

(Signature of person who has been appointed as registered agent)

(Signature of Registered Agent or person authorized to sign)

Date

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY

STATE

NAME

STREET ADDRESS

CITY

STATE

NAME

STREET ADDRESS

CITY

STATE

NAME

STREET ADDRESS

CITY

STATE

NAME

STREET ADDRESS

CITY

STATE

NAME

STREET ADDRESS

CITY

STATE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY

STATE

NAME

STREET ADDRESS

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 130.03, 130.04, Florida Statutes. I further certify that the information supplied 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. I am an officer or director of the corporation or the owner or trustee responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a, if changed, or on an attachment with an address.

SIGNATURE:

Virginia Waters, P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/95 (305) 742-4000
Tallahassee, Florida