

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne W. McLaughlin  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

95 MAY -1 PM 2:29

DOCUMENT # V53199

(8)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REBECCA H. FISCHER, P.A.

Principal Place of Business

Mailing Address

96 JUNIPER ROAD  
HOLLYWOOD FL 33021

96 JUNIPER ROAD  
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1992

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

2a. Mailing Address

21 4651 Sheridan St

26 4651 Sheridan St

4. FEI Number

65-0378207

Applied For

Not Applicable

State Apt. #, etc.

State Apt. #, etc.

22 Suite 325

27 Suite 325

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Hollywood FL

28 Hollywood FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

ZIP

Country

ZIP

Country

24 33021

25 Broward

29 33021

30 Broward

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

FISCHER, REBECCA H.  
96 JUNIPER ROAD  
HOLLYWOOD FL 33021

81 Name

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

4651 Sheridan St

83 Suite 325

84 City  
Hollywood

FL

85 Zip Code  
33021

11. Pursuant to the provisions of Sections 199.032 and 199.033, 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 607.006, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|       |      |                                                                   |
|-------|------|-------------------------------------------------------------------|
| 12.1  | NAME | D<br>FISCHER, REBECCA H.<br>96 JUNIPER ROAD<br>HOLLYWOOD FL 33021 |
| 12.2  | NAME |                                                                   |
| 12.3  | NAME |                                                                   |
| 12.4  | NAME |                                                                   |
| 12.5  | NAME |                                                                   |
| 12.6  | NAME |                                                                   |
| 12.7  | NAME |                                                                   |
| 12.8  | NAME |                                                                   |
| 12.9  | NAME |                                                                   |
| 12.10 | NAME |                                                                   |
| 12.11 | NAME |                                                                   |
| 12.12 | NAME |                                                                   |
| 12.13 | NAME |                                                                   |
| 12.14 | NAME |                                                                   |
| 12.15 | NAME |                                                                   |
| 12.16 | NAME |                                                                   |
| 12.17 | NAME |                                                                   |
| 12.18 | NAME |                                                                   |
| 12.19 | NAME |                                                                   |
| 12.20 | NAME |                                                                   |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '92

|       |      |                                                                              |
|-------|------|------------------------------------------------------------------------------|
| 13.1  | NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2  | NAME |                                                                              |
| 13.3  | NAME |                                                                              |
| 13.4  | NAME |                                                                              |
| 13.5  | NAME |                                                                              |
| 13.6  | NAME |                                                                              |
| 13.7  | NAME |                                                                              |
| 13.8  | NAME |                                                                              |
| 13.9  | NAME |                                                                              |
| 13.10 | NAME |                                                                              |
| 13.11 | NAME |                                                                              |
| 13.12 | NAME |                                                                              |
| 13.13 | NAME |                                                                              |
| 13.14 | NAME |                                                                              |
| 13.15 | NAME |                                                                              |
| 13.16 | NAME |                                                                              |
| 13.17 | NAME |                                                                              |
| 13.18 | NAME |                                                                              |
| 13.19 | NAME |                                                                              |
| 13.20 | NAME |                                                                              |

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 199.032 and 199.033, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the signatures shall have the same legal effect and shall render valid that the reports of the corporation or the officer or officers named in this report as reported by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 2, or Block 3, or on an affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

943-2773