FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V61608 (8)

1. Corporation Name
SALLEY, FEINBERG & HAMES, P.A.

Principal Place of Business	Mailing Address
390 N. ORANGE AVE. SUITE 2500 ORLANDO FL 32801 US	390 N. ORANGE AVE. SUITE 2500 ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/26/1992
3a. Date of Last Report: 04/21/1994

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

4. FEI Number: 59-3140171 ☐ 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

HAMES, LAURENCE C.
390 N. ORANGE AVENUE
SUITE 2500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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
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	D	1.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	SALLEY, STEPHEN G.	1.2 NAME		
STREET ADDRESS	235 LAKE HILLS DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	*Secretary/Treasurer	☐ Change ☒ Addition
NAME	FEINBERG, STEPHEN D.	2.2 NAME	Feinberg, Stephen D.	
STREET ADDRESS	270 W. SPRING LAKE DR	2.3 STREET ADDRESS	875 Creston Drive	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	Maitland, FL 32751	
TITLE	D	3.1 TITLE	President	☐ Change ☒ Addition
NAME	HAMES, LAURENCE C.	3.2 NAME		
STREET ADDRESS	420 COVEY COVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	Hintze, Russell P.	
STREET ADDRESS		4.3 STREET ADDRESS	310 Stonebridge Dr.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(k), 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 address.

SIGNATURE: Laurence C. Hames President — 7 April 1995 — 407/426-2360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
LAURENCE C. HAMES, PRESIDENT

0053486 CP