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STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V63831

1. Corporation Name
JOSEPH BUCZYNER, C.P.A., P.A.

Principal Place of Business Mailing Address
ONE S.E. 3RD AVENUE ONE S.E. 3RD AVENUE
SUITE 1900 SUITE 1900
MIAMI, FL 33131 MIAMI, FL 33131
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/92 3a. Date of Last Report 05/01/94

4. FEI Number 65-0355833 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

City & State City & State
23 28

Zip Country Zip Country
24 25 29 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCZYNER, JOSEPH
ONE S.E. 3RD AVENUE
SUITE 1900
MIAMI, FL 33131

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

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BUCZYNER, JOSEPH
STREET ADDRESS ONE S.E. 3RD AVE. STE.1900
CITY-ST-ZIP MIAMI, FL 33131
TITLE
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CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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***200.00 ***200.00

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)(h) 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 or Block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #