

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
OFFICE OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:14

DOCUMENT # **V73772**

(8)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
SUSAN ROTH, P.A.

Principal Place of Business

2999 NE 191ST ST
SUITE 703
N MIAMI BEACH FL 33180

Mailing Address

2999 NE 191ST ST
SUITE 703
N MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/23/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0364642** 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**

6. This corporation has liability for intangible tax under § 195.052, Florida Statutes Yes No

2. Principal Place of business

21. Suite, Apt # etc.

22. City & State

23. State

24. County

2b. Mailing Address

26. Suite, Apt # etc.

27. City & State

28. State

29. County

9. Name and Address of Current Registered Agent

**ROTH, SUSAN
2999 NE 191ST ST
SUITE 703
N MIAMI BEACH FL 33180**

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 607.0504, Florida Statutes.

SIGNATURE

Registered Agent (Print Name and Address) _____ Registered Agent (Print Name and Address) _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROTH, SUSAN
STREET ADDRESS	2999 NE 191ST ST #703
CITY, ST, ZIP	N MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt filing status as provided in Section 110.07(3)(b), Florida Statutes. I further certify that the information is included on this annual report or supplemental annual report, if so provided, and is accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the nominee of another person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE:

Susan Roth

REGISTERED AND TYPED OFFICIAL NAME OF BUSINESS OFFICER OR DIRECTOR

4/21/95