

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 FEB 28 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V73801 (5)

1. Corporation Name

SHIRLEY ANN ESSE, P.A.

Principal Place of Business

3277 NW 105TH AVE
SUNRISE FL 33351
US

Mailing Address

3277 NW 105 AVE
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/22/1992

3a. Date of Last Report

03/08/1994

4. FEI Number

65-0377819

Applied For

Not Applicable

5. Certificate of Status Desired

☐ N/A

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒ N/A

\$5.00 May Be
Added to Fees

8. This corporation has liability in-
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc. N/A

2a. Mailing Address

26 Suite, Apt. #, etc. N/A

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

SADER, ROBERT L.
2400 EAST COMMERCIAL BLVD.
SUITE 318
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

N/A

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

N/A

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ESSE, SHIRLEY ANN
STREET ADDRESS 3277 NW 105TH AVE
CITY - ST - ZIP SUNRISE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition

1.2 NAME N/A

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

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 110.07(3)(4), 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 this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

DATE

Signature / Title #

2/18/95 (36)7495523