

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 FEB 17 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 553463 (1)

1. Corporation Name  
PHILLIP APPLETON, P.A.

Principal Place of Business  
1291 S. POMPANO PKWY.  
POMPANO BEACH FL 33069

Mailing Address  
790 EAST BROWARD BLVD. #302  
FT. LAUDERDALE FL 33301  
US

3. Date Incorporated or Qualified 12/09/1977  
3a. Date of Last Report 04/01/1994

4. FEI Number 59-1782863  
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

APPLETON, DR. PHILLIP  
1291 S. POMPANO PKWY.  
POMPANO BEACH FL 33069

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME APPLETON, PHILLIP  
STREET ADDRESS 1291 S. POMPANO PKWY.  
CITY- ST- ZIP POMPANO BEACH FL

1.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE  Change  Addition

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)(b), 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 mine 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:

Phillip Appleton 2/14/95 3:59 PM '95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR