

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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 33081
US**

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/09/1977

3a. Date of Last Report
02/17/1995

21. State, Apt. #, etc.

26. c/o Acctg. & Business Conslts.

4. FEI Number
59-1782863

Applied For
Not Applicable

22. City & State

27. 790 E. Broward Blvd. #302
City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. Zip

25. County

28. Ft. Lauderdale, Fl

29. Zip

30. Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. 33060

29. 33301

30. USA

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

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
33060

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

12. OFFICERS AND DIRECTORS

12.1	DP APPLETON, PHILLIP 1291 S. POMPANO PKWY. POMPANO BEACH FL	<input type="checkbox"/> DELETE
12.2		<input type="checkbox"/> DELETE
12.3		<input type="checkbox"/> DELETE
12.4		<input type="checkbox"/> DELETE
12.5		<input type="checkbox"/> DELETE
12.6		<input type="checkbox"/> DELETE
12.7		<input type="checkbox"/> DELETE
12.8		<input type="checkbox"/> DELETE
12.9		<input type="checkbox"/> DELETE
12.10		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY, ST, ZIP	
13.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY, ST, ZIP	
13.9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY, ST, ZIP	
13.13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY, ST, ZIP	
13.17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY, ST, ZIP	

14. I, the undersigned, 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 included 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 s. 607.12 or 607.13, Florida Statutes, or in an affidavit filed with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96 355 973 0710
DATE FILED

CR2E034 (12/95)