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FILED  
Mar 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 601867 (5)  
1. Corporation Name  
MOYLE, FLANIGAN, KATZ, KOLINS, RAYMOND & SHEEHAN  
P.A.

Principal Place of Business  
625 N. FLAGLER DR. 9TH FL.  
P.O. BOX 3888  
WEST PALM BEACH FL 33401

Mailing Address  
625 N. FLAGLER DR. 9TH FL.  
P.O. BOX 3888  
WEST PALM BEACH FL 33401-4085



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1970	3a. Date of Last Report 04/25/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1304995	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FLANIGAN, JOHN F.  
436 OYSTER ROAD  
N. PALM BEACH FL 33408

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 607.0505, Florida Statutes.

SIGNATURE

Signature of person providing information and agent of record (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOYLE, JON C	
STREET ADDRESS	231 COMMODORE DRIVE	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FITZGERALD, E COLE, III	
STREET ADDRESS	6917 S FLAGLER DRIVE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KATZ, MARTIN	
STREET ADDRESS	7287 PIONEER ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 00000	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	FLANIGAN, JOHN F	
STREET ADDRESS	436 OYSTER ROAD	
CITY-ST-ZIP	NORTH PALM BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEEHAN, THOMAS A., III	
STREET ADDRESS	54 OLD BRIDGE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0294482

CR2E034 (9/96)