FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **602706** **(4)**

1. Corporation Name

QUINN, WOLLOWICK, PURITA, SCHOSHEIM, KREBSBACH & STEWART, P.A.

Principal Place of Business	Mailing Address
903 MEADOWS ROAD BOCA RATON FL 33486-2398 US	903 MEADOWS ROAD BOCA RATON FL 33486-2398 US

3. Date Incorporated or Qualified: **03/08/1971**
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1346737** ☐ 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

9. Name and Address of Current Registered Agent

QUINN,LEO F
903 MEADOWS ROAD
BOCA RATON FL 33486

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: _____ LEO F. Quinn, Pres. 2/26/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	QUINN, LEO F		1.2 NAME	
STREET ADDRESS	903 MEADOWS RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WOLLOWICK, BURTON S		2.2 NAME	
STREET ADDRESS	903 MEADOWS RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PURITA, JOSEPH R.		3.2 NAME	
STREET ADDRESS	903 MEADOWS RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHOSHEIM, PETER M.		4.2 NAME	
STREET ADDRESS	903 MEADOWS RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KREBSBACH, MICHAEL J.		5.2 NAME	
STREET ADDRESS	903 MEADOWS ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, CHARLES E.		6.2 NAME	
STREET ADDRESS	903 MEADOWS ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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: _____ LEO F. Quinn 2/26/96 407-391-5515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #