

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 681775 (3)

1. Corporation Name

AHEARN, JASCO & COMPANY, P.A.



Principal Place of Business Mailing Address
**190 S.E. 19 AVENUE
POMPANO BEACH FL 33060**

3. Date Incorporated or Qualified 08/12/1980	3a. Date of Last Report 01/18/1995
4. FEI Number 59-2008973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
24	29
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AHEARN, THOMAS F 190 S.E. 19 AVENUE POMPANO BEACH FL 33060		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHEARN, THOMAS F.	12 NAME	
STREET ADDRESS	190 S.E. 19 AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORKOWSKI, MIKE	22 NAME	
STREET ADDRESS	190 S.E. 19 AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	24 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONOUGH, REBECCA L	32 NAME	
STREET ADDRESS	190 SE 19 AVE	33 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	34 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOUPIN, WILLIAM R	42 NAME	
STREET ADDRESS	190 SE 19TH AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	44 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAUMOT, FRANKE	52 NAME	
STREET ADDRESS	1900 SE 19 AVE	53 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(3)(a), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael A. Borkowski, V.P.* **6/7/96** **954-781-8800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MICHAEL A. BORKOWSKI, V.P.** Date: _____

CR2E034 (3/96)