

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746078 (5)

1. Corporation Name

THE PROFESSIONALS' BUILDING OF KEY BISCAIYNE, INC



Principal Place of Business

**50 W. MASHTA DR., SUITE 2
KEY BISCAIYNE FL 33149**

Mailing Address

**50 W. MASHTA DR., SUITE 2
KEY BISCAIYNE FL 33149**

3. Date Incorporated or Qualified
02/26/1979

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2126150

Applied For

Not Applicable

22

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

Zip

Country

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

**ROBERTS, NORMAN T., ESQ.
50 W. MASHTA DR., SUITE 2
KEY BISCAIYNE FL 33149**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**SD
ROBERTS, NORMAN T.
1121 CRANDON BLVD., #E408
KEY BISCAIYNE FL**

TITLE ☐ DELETE

**PD
LANCASTER, KENNETH
155 OCEAN LN. DR. #304
KEY BISCAIYNE FL**

TITLE ☐ DELETE

**T
LANCASTER, ROMY Z.
155 OCEAN LN. DR. #304
KEY BISCAIYNE FL**

TITLE ☐ DELETE

**D
LONDON, EDWARD
641 S. MASHTA DRIVE
KEY BISCAIYNE FL**

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(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 617, 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

2-26-96

305 361-1014

Kenneth M. Lancaster
Kenneth M. Lancaster

CR2E037 (12/95)