## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F91587

**DESBOROUGH & ASSOCIATES, INC.** 

(8)

## **FILED** Apr 23 1997 8:00am Secretary of State

Principal Place of Business Mailing Address							
985 SEAWAY DRIVE FT. PIERCE FL 34949			985 SEAWAY DRIVE FT. PIERCE FL 34949-3142				
						3. Date Incorporated or Qualified 07/16/1982	3a. Date of Last Report 04/16/1996
2. Principal P	lace of Business	2a.	Mailing Address			4. FEI Number	Applied For
21			26			59-2240393	Not Applicable
Sulte, Apt	#. etc.		Suite, Apt. #, etc.				SR 75 Additional
22						5. Certificate of Status Desired	Fee Required
City & State	e	27	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	28			Trust Fund Contribution	Added to Fees
Zip	Country		Zip	Cou	ntry	8. This corporation has liability for	inxangible tax under s. 199.032,
24	25	29		30		Florida Statutes	Yes No
	9. Name and Address of Curre	nt Regis	tered Agent			10. Name and Address of New Re	gistered Agent
	MAN, ROBERT L				81 Name	shorough Paul H	
	S ICENA DR		82 Street Add			sborough, Paul H iress (P.O. Box Number is Not Acceptate	ole)
C-135					24	00 So. Ocean Dr	#8151
FT PIERCE FL 34949					83 F o	rt Pierce FL 349	4.0
					<b>84</b> City	it Heite IL 543	os Zin Codo
					Fo	rt Pierce FL	FL   34949
11. Pursuant	to the provisions of Sections 607.05 registered agent or both, in the State	02 and 6 e of Floric	07 1508, Ftorida Statul ta. Such change was	tes, the at authorized	pove-named corp d by the corpora	poration submits this statement for the partition's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
agent. La	im familiar with, and accopt the oblig	jations of	Section 607.0308, FI	orida Sta	utes.	Dr.	11. 12.
SIGNATURE	Faux Of Lesboro	ul	- PALL	#Ы	<b>B3Balou</b> d Agent signature requ	18H 131	1/16/97
40	Styllage, good or primed natural registered.  OFFICERS AT			II : ftr-gistered	J Agent signature requi	inco when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE/
12. 1(TLE	PST	VID WHITE C	DELETE	1.1 Ti			Change Addition
NAME	RODMAN, ROBERT L.		CA DECINE	1.2 NA		PST Desborough, Paul 1	
STREET ADDRESS	2400 S OCEAN DR CP 135				FREET ADDRESS	2400 So. Ocean Dr	 SS8151
	FT PIERCE, FL 00000						4949
CITY-ST-ZIP	7 7 7 12 10 2 , 1 2 00 00		DELETE	2.1 Tr		rore rustee ru 5.	Change Addition
NAME				2.2 NA			
STREET ADDRESS					FREET ADDRESS		
CITY-ST-ZIP					ITY-ST-ZIP		·
TITLE			DELETE	3.1 Tr			Change Addition
NAME				3.2 NA	AME		
STREET ADDRESS					IREET ADDRESS		
CITY-ST-ZIP					11Y - S1 - Z(P		
TITLE			DELFTE	4.1 71			Change Addition
NAME				4. 2 N	AME		
STREET ADDRESS				4 3 51	IREET ADDRESS		
CITY-ST-ZIP					1Y-S1-ZIP		
TITLE	1,		DELFTE	5.1 10			Change Addition
NAME				5.2 N/	AME		
STREET ADDRESS					IREE1 ADDRESS		
CITY-ST-ZIP					ITY-ST-ZiP		
TITLE			DELETE	611			Change Addition
NAME				6.2 N/			
STREET ADDRESS				4	IREET ADDRESS		

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 conforation 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 I changed, or on an attachment with an address.