

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F99148 (1)**

1. Corporation Name  
**MACHEN, POWERS, DISQUE & BOYLE, CHARTERED**



Principal Place of Business: **C/O RAYMOND J. POWERS, 707 SE 3RD AVE 400, FT. LAUDERDALE FL 33316-1155, US**  
Mailing Address: **C/O RAYMOND J. POWERS, 707 SE 3RD AVE STE 400, FT. LAUDERDALE FL 33316-1155, US**

3. Date Incorporated or Qualified: **09/07/1982**  
3a. Date of Last Report: **06/23/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26 707 S.E. 3RD AVE. SUITE 400**  
City & State: **27**  
City & State: **28**  
Zip: **24** Country: **25** Zip: **29** Country: **30**

4. FEI Number: **59-2216074** 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: **POWERS, RAYMOND J., 707 SE 3RD AV SUITE 400, FT. LAUDERDALE FL 33316**  
10. Name and Address of New Registered Agent: **81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<b>BOYLE, J VINCENT</b>	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>BOYLE, J VINCENT</b>		1.2 NAME:	
STREET ADDRESS: <b>500 AZALEA LANE</b>		1.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>VERDO BEACH FL</b>		1.4 CITY-ST-ZIP: <b>VERO BEACH, FL 32963</b>	
TITLE: <b>STD</b>	<b>POWERS, RAYMOND J</b>	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>POWERS, RAYMOND J</b>		2.2 NAME:	
STREET ADDRESS: <b>707 SE 3RD AVE STE 400</b>		2.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>FT. LAUDERDALE FL</b>		2.4 CITY-ST-ZIP: <b>FT. LAUDERDALE, FL 33316-1155</b>	
TITLE: <b>VD</b>	<b>MACHEN, JIM D</b>	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>MACHEN, JIM D</b>		3.2 NAME:	
STREET ADDRESS: <b>301 W CAMIO GARDENS BLVD STE 101</b>		3.3 STREET ADDRESS: <b>301 W. CAMINO GARDENS BLVD. - STE 101</b>	
CITY-ST-ZIP: <b>BOCA RATON FL</b>		3.4 CITY-ST-ZIP: <b>BOCA RATON, FL 33432</b>	
TITLE: <b>VD</b>	<b>DISQUE, PHILIP A</b>	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>DISQUE, PHILIP A</b>		4.2 NAME:	
STREET ADDRESS: <b>707 SE 3RD AVE STE 400</b>		4.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>FT. LAUDERDALE FL</b>		4.4 CITY-ST-ZIP: <b>FT. LAUDERDALE, FL 33316-1155</b>	
TITLE:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Raymond J. Powers** **2-7-96** (954) 764-4500  
RAYMOND J. POWERS

CFR2E034 (12/95)