

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G53314** (2)

1. Corporation Name
P.A. ASSOCIATES, INC.



Principal Place of Business
**% STEPHEN A. FREEMAN
520 BRICKELL KEY DR., OFFICE PLAZA, #305
MIAMI FL 33131**

Mailing Address
**% STEPHEN A. FREEMAN
520 BRICKELL KEY DR., OFFICE PLAZA, #305
MIAMI FL 33131**

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

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

3. Date Incorporated or Qualified **08/09/1983**
3a. Date of Last Report **03/27/1995**
4. FLI Number **59-2797217**
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
**FREEMAN, STEPHEN A.
520 BRICKELL KEY DR.
OFFICE PLAZA, #305
MIAMI FL 33131**

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 **FL**

11. Pursuant to the provisions of Sections 607.01(2) and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.050, Florida Statutes.

SIGNATURE _____ DATE _____
Signature Title (President, Vice President, Secretary, Treasurer, etc.) Title (President, Vice President, Secretary, Treasurer, etc.)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-STATE-ZIP
1. PD ROBERTS, TOMAS J. 520 BRICKELL KEY, #305 MIAMI FL
2. VS ROBERTS, ANA MARIA 520 BRICKELL KEY, #305 MIAMI FL
3. S FREEMAN, STEPHEN A. 520 BRICKELL KEY #305 MIAMI FL
4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
6. TITLE NAME STREET ADDRESS CITY-STATE-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: *Tomas J. Roberts* **TOMAS J. ROBERTS** 3-4-1996 205 374 300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)