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FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J80135 (3)

1. Corporation Name  
CALER, DONTEN, LEVINE, DRUKER, GRAVETT, PORTER &  
VEIL, P.A.

Principal Place of Business  
C/O MARK D VEIL  
505 S FLAGLER DR. SUITE 900  
W PALM BCH FL 33401  
US

Mailing Address  
C/O MARK D VEIL  
505 S FLAGLER DR. SUITE 900  
W PALM BCH FL 33401-5982  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified  
06/27/1987

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-2831281

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

CALER, WILLIAM K. J  
505 S FLAGLER DR, SUITE 900  
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

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

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	DP	<input type="checkbox"/> DELETE
NAME	DRUKER, SCOTT	
STREET ADDRESS	1228 SKIPTON AVE.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GRAVETT, ANTHONY	
STREET ADDRESS	8207 150TH CT NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LEVINE, JOEL H	
STREET ADDRESS	13654 JONQUIL PL	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	VEIL, MARK	
STREET ADDRESS	11940 BENYZN ST.	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PORTER, SCOTT L	
STREET ADDRESS	708 KITTYHAWK WAY	
CITY-ST-ZIP	N PALM BCH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CALER JR, WILLIAM K	
STREET ADDRESS	234 DYER RD	
CITY-ST-ZIP	W PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2036 Henley Place
1.4 CITY-ST-ZIP	Wellington, FL 33414
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	19 Dunbar Rd.
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT L PORTER

4-15-97

561-832-9292

Date

Daytime Phone #

CR2E034 (9/96)