

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K55029** (8)

1. Corporation Name  
**MESSER, CAPARELLO, MADSEN, GOLDMAN & METZ, P.A.**



Principal Place of Business: **215 S. MONROE ST., SUITE 701 (323011871)  
P.O. BOX 1876  
TALLAHASSEE FL 32302-1876  
US**

Mailing Address: **215 S. MONROE ST., SUITE 701 (323011871)  
P.O. BOX 1876  
TALLAHASSEE FL 32302-1876  
US**

3. Date Incorporated or Qualified: **01/01/1989**

3a. Date of Last Report: **04/07/1995**

4. FEI Number: **59-2921100**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MADSEN, H MICHAEL  
215 SOUTH MONROE STREET  
SUITE 701 FIRST FLORIDA BANK BLDG.  
TALLAHASSEE FL 32301**

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 607.0602 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0603, Florida Statutes.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MESSER, JAMES ELLIOTT</b>	2. NAME	
STREET ADDRESS	<b>3529 RAYMOND DIEHL ROAD</b>	3. STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	4. CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPARELLO, DOMINIC M.</b>	22. NAME	
STREET ADDRESS	<b>5123 ILE DE FRANCE</b>	23. STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	24. CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MADSEN, H. MICHAEL</b>	32. NAME	
STREET ADDRESS	<b>925 LOTHIAN DRIVE</b>	33. STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	34. CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARFEL, TIMOTHY J.</b>	42. NAME	
STREET ADDRESS	<b>3748 FORSYTHE WAY</b>	43. STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	44. CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALDOCH, LAUCHLIN T</b>	52. NAME	
STREET ADDRESS	<b>ROUTE 3, BOX 652</b>	53. STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	54. CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAIDA, MICHAEL G.</b>	62. NAME	
STREET ADDRESS	<b>4083 ROWELING OAKS COURT</b>	63. STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Timothy J. Warfel* **Timothy J. Warfel** 3/18/96 (904)222-0720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)