

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000029202 (6)

1. Corporation Name

NANCY B. MCALLISTER, P.A.



Principal Place of Business

Mailing Address

1900 GLADES RD.  
#305  
BOCA RATON FL 33431

1900 GLADES RD.  
#305  
BOCA RATON FL 33431

3. Date Incorporated or Qualified  
04/18/1994

3a. Date of Last Report  
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 2101 Corporate Blvd.

26 2101 Corporate Blvd.

4. FEI Number  
65-0483138

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
Suite 101

27 Suite, Apt. #, etc.  
Suite 101

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State  
Boca Raton, FL

28 City & State  
Boca Raton, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 33431 25 Country USA

29 Zip 33431 30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCALLISTER, NANCY B. E.  
1900 GLADES RD.  
SUITE 305  
BOCA RATON FL 33431

81 Name Nancy B. McAllister  
82 Street Address (P.O. Box Number is Not Acceptable) 2101 Corporate Blvd.  
83 Suite 101  
84 City Boca Raton FL 85 Zip Code 33431

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Nancy B. McAllister* *Nancy B. McAllister* 2/4/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	MCALLISTER, NANCY B	1900 GLADES RD., #305	BOCA RATON FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	MCALLISTER, NANCY B.	2101 Corporate Blvd -- Suite 101	Boca Raton, FL 33431	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Nancy B. McAllister* 2/4/96 (407) 997-9599  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)