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Apr 15 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 # P94000071955 (6)

1. Corporation Name
SUSAN ELIZABETH STOCKER CPA PA



Principal Place of Business
303 A NW 1 AVENUE
BOCA RATON FL 33432

Mailing Address
303 A NW 1 AVENUE
BOCA RATON FL 33432-3814

3. Date Incorporated or Qualified
10/01/1994

3a. Date of Last Report
04/16/1996

2. Principal Place of Business
21 129 N W 13TH STREET

2a. Mailing Address
26 129 N W 13TH STREET

4. FEI Number
65-0522801

Applied For
Not Applicable

22 SUITE 23

27 SUITE 23

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

23 BOCA RATON, FL

28 BOCA RATON, FL

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

24 33432

25 PALM BEACH

29 33432

30 PALM BEACH

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

LEONARD, WILLIAM F
4875 N. FEDERAL HIGHWAY
10TH FLOOR
FT. LAUDERDALE FL 33308

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 reinstalling) DATE

Table with 6 rows for Officers and Directors (Block 12). Each row includes Title, Name, Street Address, City-St-Zip, and a Delete checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors (Block 13). Each row includes Title, Name, Street Address, City-St-Zip, and Change/Addition checkboxes.

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 filing 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, 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] DATE: 4/11/97 DAYTIME PHONE: (561) 393 9995

CR2E034 (9/96)