

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 # P95000011534 (1)

1. Corporation Name
PAUL M. CALDWELL, P.A.



Principal Place of Business
**19 W FLAGLER ST
SUITE 624
MIAMI FL 33130**

Mailing Address
**19 W FLAGLER ST
SUITE 624
MIAMI FL 33130**

3. Date Incorporated or Qualified
02/10/1995

3a. Date of Last Report
05-055-6178

2. Principal Place of Business
21 **17805 U.S. Highway 192**

2a. Mailing Address
26 **P.O. Box 120069**

Suite, Apt. #, etc.

4. FEI Number
65-0556178

Applied For
Not Applicable

22
City & State
23 **Clermont FL**

27
City & State
28 **Clermont FL**

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

24 **34711** 25 **LAKE** 29 **34712-0069** 30 **LAKE**

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

**CALDWELL, PAUL M
19 W FLAGLER ST
SUITE 624
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name **PAUL M Caldwell**

82 Street Address (P.O. Box Number is Not Acceptable)
17805 U.S. Highway 192

83

84 City **Clermont** FL 85 Zip Code **34711**

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 *Paul M Caldwell*

4-19-96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	CALDWELL, PAUL M	
STREET ADDRESS	8107 SW 81 PL	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 on an attachment with an address.

SIGNATURE: *Paul M Caldwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 352 242-2670

DATE

Daytime Phone #

CR2E034 (12/95)