

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000029936 (8)

1. Corporation Name

LINDA ATKINS-PRATT & ASSOCIATES, INC.

Principal Place of Business

605 NW 214 ST
UNIT 102
MIAMI FL 33169

Mailing Address

605 NW 214 ST
UNIT 102
MIAMI FL 33169



2. Principal Place of Business

21

Suite, Apt. #, etc.

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City & State

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Zip

Country

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2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

ATKINS-PRATT, LINDA
605 NW 214 ST
UNIT 102
MIAMI FL 33169

3. Date Incorporated or Qualified

04/11/1995

3a. Date of Last Report

4. FEI Number

65-0577085

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

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 of the person who is the registered agent for the corporation

(If the Registered Agent signature is required when registered)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
ATKINS-PRATT, LINDA
605 NW 214 ST UNIT 102
MIAMI FL 33169

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
JONES, LUYERNE K
1270 NW 196 ST
MIAMI FL 33169

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TITLE

NAME

STREET ADDRESS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-96 (305) 654-0431

CR2E034 (3/96)