

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 20 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 # **V04838** (1)

1. Corporation Name
ALLEN M. KARMELIN, P.A.



Principal Place of Business: **3015 EXCHANGE COURT SUITE B WEST PALM BEACH FL 33409-4032 US**
Mailing Address: **3015 EXCHANGE COURT SUITE B WEST PALM BEACH FL 33409-4023 US**

3. Date Incorporated or Qualified: **01/06/1992**
3a. Date of Last Report: **04/18/1996**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip, Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip, Country
4. FEI Number: **65-0305279**
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

9. Name and Address of Current Registered Agent
**KARMELIN, ALLEN M.
1070 BEAR ISLAND DRIVE
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **14223 BLACKBERRY DRIVE**
83
84 City: **WELLINGTON** FL 85 Zip Code: **33414**

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: KARMELIN, ALLEN M.		1.2 NAME:	
STREET ADDRESS: 1070 BEAR ISLAND DRIVE		1.3 STREET ADDRESS: 14223 BLACKBERRY DRIVE	
CITY- ST- ZIP: WEST PALM BEACH, FL		1.4 CITY- ST- ZIP: WELLINGTON, FL 33414	
TITLE: <input type="checkbox"/> DELETE		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	
CITY- ST- ZIP:		2.4 CITY- ST- ZIP:	
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY- ST- ZIP:		3.4 CITY- ST- ZIP:	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY- ST- ZIP:		4.4 CITY- ST- ZIP:	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY- ST- ZIP:		5.4 CITY- ST- ZIP:	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY- ST- ZIP:		6.4 CITY- ST- ZIP:	

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 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: Allen M. Karmelin 3/17/97 (561) 683-8126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)