

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 # **V06603 (7)**

1. Corporation Name
CHARLES S. CAULKINS, P.A.



Principal Place of Business: **NATIONS BANK 2310 FORT LAUDERDALE FL 33394 US**
Mailing Address: **NATIONS BANK #2310 FORT LAUDERDALE FL 33394 US**

3. Date Incorporated or Qualified: **01/01/1992** 3a. Date of Last Report: **04/26/1995**
4. FEI Number: **65-0301823** 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

2. Principal Place of Business: Suite, Apt. #, etc. **2300** City & State: **2300** Zip: **2300** Country: **2300**

9. Name and Address of Current Registered Agent
**CAULKINS, CHARLES S.
2310 NATIONS BANK BUILDING
ONE FINANCIAL PLAZA
FORT LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent
81 Name: **Charles Caulkins**
82 Street Address (P.O. Box Number is Not Applicable): **2300 Nations Bank Building**
83 City: **FL** 85 Zip Code: **33394**

11. Pursuant to the provisions of Sections 607.0132 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 and am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.
SIGNATURE: *Charles Caulkins* **Charles Caulkins** DATE: **4/18/96**

12. OFFICERS AND DIRECTORS
TITLE: **D** DELETE
NAME: **CAULKINS, CHARLES S**
STREET ADDRESS: **ONE FINANCIAL PLAZA**
CITY-ST-ZIP: **FT LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME: **2300 One Financial Plaza**
1.3 STREET ADDRESS: **33394**
1.4 CITY-ST-ZIP: **33394**

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, 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. *Charles Caulkins*
SIGNATURE: *Charles Caulkins* **Charles Caulkins** DATE: **4/18/96** DAYTIME PHONE #: **305/847-4700**

CR2E034 (12/95)