

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 MAY -1 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V06603** (7)  
1. Corporation Name  
**CHARLES S. CAULKINS, P.A.**



Principal Place of Business: **NATIONS BANK STE 2300 FORT LAUDERDALE FL 33394 US**  
Mailing Address: **NATIONS BANK STE 2300 FORT LAUDERDALE FL 33394 US**

3. Date Incorporated or Qualified: **01/01/1992**  
3a. Date of Last Report: **04/23/1996**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.  
4. FEI Number: **65-0301823**  
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: **CAULKINS, CHARLES S. 2300 NATIONS BANK BUILDING ONE FINANCIAL PLAZA FORT LAUDERDALE FL 33394**  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12...	
TITLE: <input type="checkbox"/> DELETE	D CAULKINS, CHARLES S	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: CAULKINS, CHARLES S		1.2 NAME	
STREET ADDRESS: 2300 ONE FINANCIAL PLAZA		1.3 STREET ADDRESS	
CITY-ST-ZIP: FT LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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, or is changed or on an Attachment with an address.

SIGNATURE: *Charles S. Caulkins* (Signature and Typed Name of Signing Officer or Director) Date: **4/24/97** Daytime Phone: **954/472-4700**