

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 # **M19953** (2)

1. Corporation Name
ARTHUR B. CALVIN, P.A.



Principal Place of Business: **C/O ARTHUR B. CALVIN, 3081 SALZEDO ST. 2ND FL., CORAL GABLES FL 33134**
Mailing Address: **C/O ARTHUR B. CALVIN, 3081 SALZEDO ST. 2ND FL., CORAL GABLES FL 33134**

2. Principal Place of Business
21 **300 Sevilla Avenue**
Suite, Apt. #, etc. **Suite 305**
City & State **Coral Gables, FL**
Zip **33134** Country **USA**
2a. Mailing Address
26 **300 Sevilla Avenue**
Suite, Apt. #, etc. **Suite 305**
City & State **Coral Gables, Florida**
Zip **33134** Country **USA**

3. Date Incorporated or Qualified **08/23/1985**
3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2553378**
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

**CALVIN, ARTHUR B.
3081 SALZEDO ST. 2ND FL.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **ARTHUR B. CALVIN**
82 Street Address (P.O. Box Number is Not Acceptable) **300 Sevilla Avenue**
83 **Suite 305**
84 City **Coral Gables, FL** 85 Zip Code **33134**

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 607.0305, Florida Statutes.

SIGNATURE * *Arthur B. Calvin* **ARTHUR B. CALVIN** 4/12/96
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CALVIN, ARTHUR B.	
STREET ADDRESS	3081 SALZEDO ST. 2ND FL.	
CITY - ST - ZIP	CORAL GABLES FL	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	300 Sevilla Avenue, Suite 305
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, unchanged, or on an attachment with an address.

SIGNATURE: *Arthur B. Calvin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 (305)444-8272
Date: Date Printed

CR2E034 (12/95)