FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **293313** **(3)**

1. Corporation Name

PAUL L. DATE & CO.

Principal Place of Business	Mailing Address
214 N.E. 98TH ST MIAMI SHORES FL 33138	214 N.E. 98TH ST MIAMI SHORES FL 33138

2. Principal Place of Business	2a. Mailing Address
21 214 N.E. 98 Street	26 214 N.E. 98 Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami Shores, FL	City & State 28 Miami Shores, FL
Zip 24 33138 / Country 25 Dade	Zip 29 33138 / Country 30 Dade

3. Date Incorporated or Qualified: **05/26/1965**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1097188** ☐ 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

9. Name and Address of Current Registered Agent

DATE,PAUL L
45 NE 94TH ST
MIAMI SHORES FL 33138

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 Section(s) 607.0502 and 607.1505, 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: 1/12/96
(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DATE,PAUL L 45 N.E. 94TH ST MIAMI SHORES FL	☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	7 TITLE 8 NAME 9 STREET ADDRESS 10 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	25 TITLE 26 NAME 27 STREET ADDRESS 28 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition

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***200.00

14. I do hereby certify that the information supplied with this filing 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 added by an amendment with an address.

Paul L. Date

SIGNATURE: Paul L Date , President 1/12/96 305/757-8141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

5C-Date 1-6-96

CR2E034 (12/95)