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Apr 11 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 # 489370 (7)

1. Corporation Name

JANE KREUSLER-WALSH, P.A.

Principal Place of Business

Mailing Address

501 S. FLAGLER DRIVE #503
WEST PALM BEACH, FL
33401

SUITE 503

WEST PALM BEACH, FL
33401

3. Date Incorporated or Qualified
11/12/1975

3a. Date of Last Report
03/14/96

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1633894

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

10. Name and Address of New Registered Agent

KREUSLER-WALSH, JANE
501 S. FLAGLER DRIVE
SUITE 503-FLAGLER CENTER
W. PALM BEACH, FL 33401

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 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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 PD ☐ DELETE

NAME
KREUSLER-WALSH, JANE
501 S. FLAGLER DRIVE
WEST PALM BEACH, FL 33401

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

102 ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

103 ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

104 ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

100002141251
-04/11/97--01124--025
***165.00

SIGNATURE

(Signature typed or printed name of signing officer or director)

4-4-97

Date

(561) 659-5455
Daytime Phone #

CR2E034 (9/96)