

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 581360 (5)

1. Corporation Name
BOBO, SPICER, CIOTOLI, FULFORD, BOCCHINO, DEBEVOISE & LE CLAINCHE, P.A.



Principal Place of Business: **222 LAKEVIEW AVE ESPERANTE, SIXTH FLOOR WEST PALM BEACH FL 33401**
Mailing Address: **222 LAKEVIEW AVE ESPERANTE, SIXTH FLOOR WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **08/01/1978**
3a. Date of Last Report: **02/14/1995**
4. FCI Number: **59-1839299**
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 (21-24)
2a. Mailing Address (26-30)
22 Suite, Apt. #, etc. (22)
23 City & State
24 Zip Country (25)
26 Suite, Apt. #, etc. (26)
27 City & State (27)
28 Zip Country (29)
30 Zip Country (30)

9. Name and Address of Current Registered Agent: **SPICER, DAVID W. 222 LAKEVIEW AVE ESPERANTE, SIXTH FLOOR WEST PALM BEACH FL 33401**
10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBO, A RUSSELL	1.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVE 6 FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPICER, DAVID W.	2.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVE 6 FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOTOLI, EUGENE L.	3.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVE 6 FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULFORD, JEFFREY C.	4.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVE 6 FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBEVOISE, D.A.	5.2 NAME	
STREET ADDRESS	315 E. ROBINSON ST., STE. 510	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**500001875675
-06/26/96--01013--034
***225.00**

6-25-96
[Signature]

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 if changed, or on an attachment with an address.

SIGNATURE: _____ (Signature)
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **2-6-96**
Filing Fee: **407/684-6600**

CR2E034 (12/95)

581360

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6/10/96

CORPORATE DETAIL RECORD SCREEN

5:15 PM

NUM: 581360 ST:FL ACTIVE/FL PROFIT FLD: 08/01/1978
LAST: NAME CHANGE AMENDMENT FLD: 11/01/1993

FEI#: 59-1839299

NAME : BOBO, SPICER, CIOTOLI, FULFORD, BOCCHINO, DEBEVOISE & LE CLAINCH
NH: 7 E, P.A.

PRINCIPAL: 222 LAKEVIEW AVE CHANGED: 04/24/92
ADDRESS ESPERANTE, SIXTH FLOOR
WEST PALM BEACH, FL 33401

RA NAME : SPICER, DAVID W. NAME CHG: 07/06/88
RA ADDR : 222 LAKEVIEW AVE ADDR CHG: 04/24/92
ESPERANTE, SIXTH FLOOR

WEST PALM BEACH, FL 33401
ANN REP : (1993) BY 04/13/93 (1994) B 01/28/94 (1995) B 02/14/95

1. MENU, 3. OFFICERS, 4. EVENTS, 5. NOTES, 6. NAMES

ENTER SELECTION AND CR:

OFFICER/DIRECTOR DETAIL SCREEN

5:15 PM

6/10/96 CORP NUMBER: 581360 CORP NAME: BOBO, SPICER, CIOTOLI, FULFORD, BOCCHINO

TITLE: PD NAME: BOBO, A RUSSELL
222 LAKEVIEW AVE 6 FL
W. PALM BCH., FL

TITLE: VD NAME: SPICER, DAVID W.
222 LAKEVIEW AVE 6 FL
W. PALM BCH., FL

TITLE: STD NAME: CIOTOLI, EUGENE L.
222 LAKEVIEW AVE 6 FL
W. PALM BCH., FL

TITLE: D NAME: FULFORD, JEFFREY C.
222 LAKEVIEW AVE 6 FL
W. PALM BCH., FL

TITLE: D NAME: DEBEVOISE, D.A
315 E. ROBINSON ST., STE. 510
ORLANDO, FL

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. TOP, 4. EVENTS, 5. NOTES, 6. NAMES

ENTER SELECTION AND CR: