

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

REPUBLICAN
 ANNUAL REPORT
 1995



STATE OF FLORIDA
 BOARD OF ELECTIONS
 TALLAHASSEE, FLORIDA

**APPROVED
 AND
 FILED**

95 MAY -1 11 9:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 598686
MALONEY & WATSON, D.M.D., P.A.

(4)

301 EBBTIDE DRIVE SUITE C N. PALM BEACH FL 33408
301 EBBTIDE DRIVE SUITE C N. PALM BEACH FL 33408

DATE OF WHITE PAPER SEAL

3. Date of Registration	12/28/1978	3a. Date of Last Report	03/22/1994
4. Filing Number	59-1869698	Approved For	Not Applicable
5. Multiple of Address Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has not had an infraction for which it was fined or suspended	<input checked="" type="checkbox"/>		

2. Name of Corporation	2a. State of Incorporation
21. Name of Agent	26. State of Agent
22. City	27. State
23. Zip	28. State
24. Name	25. State
29. Name	30. State

9. Name and Address of Current Registered Agent

**MALONEY, JOSEPH E.
 301 EBBTIDE DRIVE
 N. PALM BEACH, FL MH 33408**

10. Name and Address of New Registered Agent

81. Name
82. Street Address
83.
84. City
85. State **FL**

11. I understand the provisions of the Florida Election Code and hereby certify that the information furnished herein is true and correct and that the information is complete and correct as of the date of filing. I hereby certify that the information is true and correct as of the date of filing. I hereby certify that the information is true and correct as of the date of filing.

12. NAME	13. ADDRESS
PD MALONEY, JOSEPH E 301 EBBTIDE DRIVE N. PALM BEACH FL	
V MALONEY, JOSEPH, G 301 EBBTIDE DRIVE N. PALM BEACH FL	
S MALONEY, YVONNE, B 301 EBBTIDE DR N PALM BEACH FL	
T WATSON, LINDA, K 301 EBBTIDE DR N PALM BEACH FL	

13. ADDRESS	14. CHANGE	15. ADDRESS
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated as (see item 11) (the ink) Florida (State). I further certify that the information included on this filing is complete and correct as of the date of filing and that my signature shall have the same legal effect as if made on the certificate that appears on the reverse side of this filing. I understand the provisions of the Florida Election Code and that my signature appears on Block 12 of Block 13 of this filing.

SIGNATURE: *Yvonne B. Maloney* 4-24-95 407-844-0715
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR