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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **602572** **(0)**

1. Corporation Name
MELVIN AND MELVIN, P.A.

Principal Place of Business	Mailing Address
2929 E. COMMERCIAL BLVD. SUITE 402 BARNETT BANK TOWER FORT LAUDERDALE FL 33308	2929 E. COMMERCIAL BLVD. SUITE 402 BARNETT BANK TOWER FORT LAUDERDALE FL 33308-4214

3. Date Incorporated or Qualified: **12/04/1970**
3a. Date of Last Report: **02/05/1996**

2. Principal Place of Business
21 3101 N. Federal Highway
Suite, Apt. #, etc.
22 Suite 602
City & State
23 Fort Lauderdale, FL
Zip 24 33306 Country 25 USA

2a. Mailing Address
26 3101 N. Federal Highway
Suite, Apt. #, etc.
27 Suite 602
City & State
28 Fort Lauderdale, FL
Zip 29 33306 Country 30 USA

4. FEI Number: **59-1306933** ☐ 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
MICHAEL W MELVIN P.A.
2929 E COMMERCIAL BLVD #402
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3101 N. Federal Highway
83 Suite 602
84 City Fort Lauderdale FL 85 Zip Code 33306

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MELVIN, MICHAEL W		1.2 NAME	
STREET ADDRESS	2929 E COMMERCIAL BLVD		1.3 STREET ADDRESS	3101 N. Federal Highway, Suite 602
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306
TITLE	DT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MELVIN, MICHAEL W		2.2 NAME	
STREET ADDRESS	2929 E COMMERCIAL BLVD		2.3 STREET ADDRESS	3101 N. Federal Highway, Suite 602
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MELVIN,MICHAEL W		3.2 NAME	
STREET ADDRESS	2929 E. COMMERCIAL BLVD.		3.3 STREET ADDRESS	3101 N. Federal Highway, Suite 602
CITY-ST-ZIP	FORT LAUDERDALE FL		3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1/16/97 954-565-9513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL W. MELVIN, AS PRESIDENT