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

PROFIT CORPORATION ANNUAL REPORT



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

1996

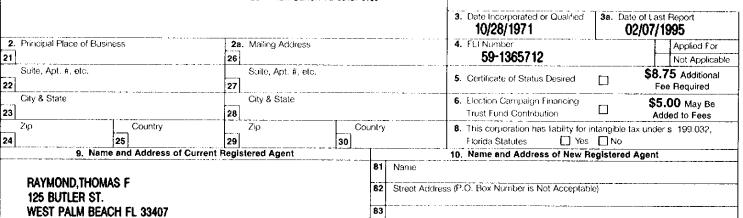
603172 DOCUMENT #

(8)

RAYMOND, P.A.

Principal Place of Business Mailing Address

125 BUTLER ST WEST PALM BEACH FL 33407-6105 125 BUTLER ST WEST PALM BEACH FL 33407-6105



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _				
12.			t: Roystored Ag nt signature refigired when rendstoring DATE 13. ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN	
TILE	SD	DELETE	1. 1 Tifté	Change Addition
NAME	RAYMOND, G DAVID		1.2 NAME	
STREET ADDRESS	125 BUTLER ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL00000		1.4 CITY - \$7 - ZIP	
TifeE	DP	☐ DELETE	2 1 TITLE	Change Addition
NAME	RAYMOND, THOMAS F		2.2 NAME	- _
STREET ADDRESS	125 BUTLER ST		2.3 STREET ADDRESS	
CI'Y-ST-ZIF	WEST PALM BEACH, FL00000		2.4 CITY+ST-ZIP	
TITLE		DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZiP			3.4 City - St - 7iP	
TITLE		DELETE	4 1 1-TLF	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIF	
THILE		DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
SPREET ADORESS			5.3 STREET ADDRESS	
CITY-S1-ZIP			54 CITY - ST - ZIP	
TIĬţ€		DEFETE	6 1 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY- \$1-7IP	

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 logal 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 Bloc

SIGNATURE:

26 Mar 96 407 6553255

CR2E034 (12/95)

Zip Code

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