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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 604949

1. Corporation Name

(8)

DIVINE, BLALOCK, MARTIN & SELLARI, PROFESSIONAL ASSOCIATION

Principal Place of Business

Mailing Address



Suite, April F, ofc.   Suite   Suite, April F, etc.   Suite, April F, etc.   Suite		E BLVD SUITE 335 I BEACH FL 33409	560 VILLAGE BLVD SI WEST PALM BEACH I					
Suite, April   Part						01/15/1974		
Suite, Apr. F. etc.	2. Principal P	lace of Business	2a. Mailing Address			1		l
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23		#, etc.	h	F				
Section   Sect		e	F	F**-,		, , , , , , , , , , , , , , , , , , ,		
MARTIN, G. MICHAEL 560 VILLAGE BLVD SUITE 335 WEST PALM BEACH FL 33409  88	Zip 24	25	29	H	у	Florida Statutes X Yes	□No	199.032,
MARTIN, G. MICHAEL  560 VILLAGE BLVD SUITE 335  WEST PALM BEACH FL 33409  88  69  60  60  60  60  60  60  60  60  60		9. Name and Address of Curre	ent Registered Agent		т	10. Name and Address of New R	egistered Agent	
## Company   Com				8	Name			
### City ### Color   Sections 607,0507 and 637,1506, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered again, or both in the Statu of Excits Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered again. I am familiar with, and accept the obligations of Section 607,0507, Froida Statutes.  ### Signature   DSTP								
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or registered agent, or both, in the State of Fix-ris. Succine Part Special Part and accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 907, OSCION 1907, OSCION 907, OSCI				84	City		FL 85 2	ip Code
SIGNATURE   Signamum. Inject or privided ranks or "regolated agent are 16 to 1 regolated agent agent are 16 to 1 regolated agent are 16 to 1	or registe	red agent, or both, in the State of Flo	rida. Such change was authoriz	zed by the cor	named corpo poration's boa	oration submits this statement for the pur and of directors. I hereby accept the appo	pose of changing its pintment as registere	registered office ad agent. I am
12.	SIGNATURE		and a first facilities of the facilities o	orrige designed a		and and are seed where the	DATE	
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14. 1 do haraby cartify that the information expoliced with the filing is valuatarily furnished and does not available for the examplion stated in Section 110 07/3/W. Florida Statutos I further							85,000	

4. 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:

IGNATURE AND TO ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (407) 686-1/10