

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 628726 (2)

1. Corporation Name  
RONALD SALES LAW OFFICE OF P.A.

Principal Place of Business

1551 FORUM PLACE  
SUITE 300F  
W PALM BCH FL 33401-2368

Mailing Address

P.O. BOX 3107  
SUITE 300F  
W PALM BCH FL 33402-3107  
US

3. Date Incorporated or Qualified 07/03/1979  
3a. Date of Last Report 04/09/1996

2. Principal Place of Business  
21 915 Bear Island Circle  
Suite, Apt. #, etc.  
22 City & State  
23 West Palm Beach, FL  
Zip Country  
24 33409 25 Palm Beach  
2a. Mailing Address  
26 915 Bear Island Circle  
Suite, Apt. #, etc.  
27 City & State  
28 West Palm Beach, FL  
Zip Country  
29 33409 30 Palm Beach

4. FEI Number 59-1939137  
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

SALES, RONALD  
~~1551 FORUM PLACE~~  
~~SUITE 300F~~  
WEST PALM BEACH FL 33402

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
915 Bear Island Circle  
83  
84 City West Palm Beach FL 85 Zip Code 33409

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	SALES, RONALD	
STREET ADDRESS	1551 FORUM PLACE, 300F	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALES, RONALD	
STREET ADDRESS	1551 FORUM PLACE, 300F	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	915 Bear Island Circle
1.4 CITY - ST - ZIP	West Palm Beach, Florida 33409
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	915 Bear Island Circle
2.4 CITY - ST - ZIP	West Palm Beach, Florida 33409
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)