

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **658744** (8)
1. Corporation Name
ALLEN AND ASSOCIATES, P.A.



Principal Place of Business Mailing Address
5940 SW 73RD ST. S. MIAMI FL 33143 **5940 SW 73RD ST. S. MIAMI FL 33143**

2. Principal Place of Business 2a. Mailing Address
21 **5940 SW 73RD ST** 26 **5940 SW 73RD ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 201** 27 **SUITE 201**
City & State City & State
23 **SOUTH MIAMI** 28 **SOUTH MIAMI**
Zip Country Zip Country
24 **FLA 33143** 25 **USA** 29 **33143** 30 **USA**

3. Date Incorporated or Qualified **03/11/1980** 3a. Date of Last Report **03/27/1995**
4. FEI Number **59-2027084** 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

ALLEN, JIMMIE
7505 SW 82ND STREET
317
SOUTH MIAMI FL 33143

APT

10. Name and Address of New Registered Agent

81 Name **JIMMIE ALLEN**
82 Street Address (P.O. Box Number is Not Acceptable) **7505 S.W. 82ND STREET**
83 **SUITE 317D**
84 City **SOUTH MIAMI** FL 85 Zip Code **33143**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0506, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title of agent.

6 March 1996
DATE

12. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	ALLEN, JIMMIE	
STREET ADDRESS	7505 SW 82ND STREET	
CITY-ST-ZIP	SOUTH MIAMI FL APT 317D	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, JIMMIE	
STREET ADDRESS	7505 SW 82ND STREET	
CITY-ST-ZIP	SO. MIAMI FL APT 317D	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 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, 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 attached form with an address change.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 March 1996 305 661 7674
DATE DAYPHONE #

CR2E034 (12/95)