

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **673797** (7)

1. Corporation Name
VICTOR TOBIN, P.A.



Principal Place of Business: **524 SOUTH ANDREWS AVENUE SUITE 201 NORTH FT LUERDALE FL 33301**
Mailing Address: **524 SOUTH ANDREWS AVENUE SUITE 201 NORTH FT LUERDALE FL 33301**

3. Date Incorporated or Qualified: **06/17/1980**
3a. Date of Last Report: **01/26/1995**
4. FEI Number: **59-2006161**
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

2. Principal Place of Business: 21 **888 S.E. 3rd Ave.**
Suite, Apt. #, etc.: 22 **Suite 300**
City & State: 23 **Ft. Lauderdale, FL**
Zip: 24 **33316**
Country: 25 **Broward**
2a. Mailing Address: 26 **888 S.E. 3rd Ave.**
Suite, Apt. #, etc.: 27 **Suite 300**
City & State: 28 **Ft. Lauderdale, FL**
Zip: 29 **33316**
Country: 30 **Broward**

9. Name and Address of Current Registered Agent
VICTOR TOBIN, ESQ
524 S ANDREWS AVENUE, SUITE 201 N
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
81 Name: **VICTOR TOBIN, ESQ. (NEW ADDRESS)**
82 Street Address (P.O. Box Number is Not Acceptable): **888 S.E. 3rd Ave., Suite 300**
83
84 City: **Ft. Lauderdale** FL 85 Zip Code: **33316**

11. Pursuant to the provisions of Sections 607.0507 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: *Victor Tobin* DATE: **Jan. 17, 1996**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TOBIN, VICTOR	
STREET ADDRESS	524 S. ANDREWS AVENUE # 201N	
CITY-ST-ZIP	FT LAUD, FL 00000	
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		
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 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 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 in an attachment with an address.

SIGNATURE: *Victor Tobin* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **01-17-96** (954) 463-2065 Daytime Phone #

CR2E034 (12/95)