

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 # 678972

(1)

1. Corporation Name

CARL M. MATHISON JR., P.A.



Principal Place of Business

1400 CENTRE PARK BOULEVARD
SUITE 770
WEST PALM BEACH FL 33401
US

Mailing Address

1400 CENTRE PARK BOULEVARD
SUITE 770
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MATHISON, CARL M., JR.
1400 CENTRE PARK BOULEVARD
SUITE 770
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

07/09/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2033362

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

10. Name and Address of New Registered Agent

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 in Block 9, Page 4, above

(If the Registered Agent signature is prepared with a computer)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
PD
MATHISON, CARL M.
1400 CENTRE PARK BLVD #770
WEST PALM BEACH FL

1.2 TITLE ☐ DELETE

NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ DELETE

NAME

2.2 STREET ADDRESS

2.3 CITY-STATE-ZIP

3.1 TITLE ☐ DELETE

NAME

3.2 STREET ADDRESS

3.3 CITY-STATE-ZIP

4.1 TITLE ☐ DELETE

NAME

4.2 STREET ADDRESS

4.3 CITY-STATE-ZIP

5.1 TITLE ☐ DELETE

NAME

5.2 STREET ADDRESS

5.3 CITY-STATE-ZIP

6.1 TITLE ☐ DELETE

NAME

6.2 STREET ADDRESS

6.3 CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 this 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 on board, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28, 1996

407-471-4144

407/471-4144

CR2E034 (12/95)