

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F01241 (1)**

1. Corporation Name
DAVID M. FLETT AND ASSOCIATES, INC.



Principal Place of Business
**425 BUTTONWOOD PALCE
 BOCA RATON FL 33431-5254**

Mailing Address
**425 BUTTONWOOD PALCE
 BOCA RATON FL 33431-5254**

3. Date first organized or qualified: **10/10/1980** 3a. Date of last report: **05/01/1995**

4. FEI Number: **59-2044660** 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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**FLETT, DAVID M.
 425 BUTTONWOOD PLACE
 BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0602 and 607.1306, 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 607.0602, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PDT	[] DELETED	11 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FLETT, DAVID M		12 NAME: _____	
STREET ADDRESS: 425 BUTTONWOOD PLACE		13 STREET ADDRESS: _____	
CITY-STATE-ZIP: BOCA RATON FL		14 CITY-STATE-ZIP: _____	
TITLE: DS	[] DELETED	21 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SEYMOUR-FLETT, KAREN		22 NAME: _____	
STREET ADDRESS: 425 BUTTONWOOD PLACE		23 STREET ADDRESS: _____	
CITY-STATE-ZIP: BOCA RATON FL		24 CITY-STATE-ZIP: _____	
TITLE: D	[] DELETED	31 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SEYMOUR, MARK W., JR.		32 NAME: _____	
STREET ADDRESS: 425 BUTTONWOOD PL		33 STREET ADDRESS: _____	
CITY-STATE-ZIP: BOCA RATON FL		34 CITY-STATE-ZIP: _____	
TITLE: _____	[] DELETED	41 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		42 NAME: _____	
STREET ADDRESS: _____		43 STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		44 CITY-STATE-ZIP: _____	
TITLE: _____	[] DELETED	51 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		52 NAME: _____	
STREET ADDRESS: _____		53 STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		54 CITY-STATE-ZIP: _____	
TITLE: _____	[] DELETED	61 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		62 NAME: _____	
STREET ADDRESS: _____		63 STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		64 CITY-STATE-ZIP: _____	

14. I do hereby certify that the information supplied with this filing is true and fully furnished and does not qualify for the exception stated in Section 119.07(3)(B), 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 secretary or treasurer empowered to exercise this right as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or corrected in accordance with the address.

SIGNATURE: *[Signature]* **President** 4/26/96 407-395-0049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)