

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 # F15822 (2)

1. Corporation Name

JAMES P. O'FLARITY, P.A.



Principal Place of Business

215 FIFTH STREET
SUITE 108
WEST PALM BEACH FL 33401

Mailing Address

215 FIFTH STREET
SUITE 108
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified
01/01/1981

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

21 908 Country Club Dr.

Suite, Apt. #, etc.

2a. Mailing Address

26 908 Country Club Dr.

Suite, Apt. #, etc.

4. FEI Number
59-2047731

Applied For
Not Applicable

22 City & State

23 No. Palm Beach, FL

24 33408

25 USA

27 City & State

28 No. Palm Beach, FL

29 33408

30 USA

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

O'FLARITY, JAMES P.
215 FIFTH STREET #108
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
James P. O'Flarity

82 Street Address (P.O. Box Number is Not Acceptable)
908 Country Club Dr.

83 No. Palm Beach,

84 City

FL 85 Zip Code
33408

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 if not applicable

(NOTE: Registered Agent signature required when reinstating)

4/24/96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME O'FLARITY, JAMES P
STREET ADDRESS 215 FIFTH STREET #108
CITY-ST-ZIP WEST PALM BEACH FL

TITLE S ☐ DELETE

NAME O'FLARITY, BETTY R
STREET ADDRESS 215 5TH ST 108
CITY-ST-ZIP W PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME James P. O'Flarity
1.3 STREET ADDRESS 908 Country Club Dr.
1.4 CITY-ST-ZIP No. Palm Beach, FL 33408

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME Betty R. O'Flarity
2.3 STREET ADDRESS 908 Country Club Dr.
2.4 CITY-ST-ZIP No. Palm Beach, FL 33408

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

James P. O'Flarity

4/24/96

407-659-4666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)