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PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
Document Processing

DOCUMENT # **F46738** **(3)**

1. Corporation Name
LIVERMORE & KLEIN, P.A.

Principal Place of Business
1301 RIVERPLACE BLVD
SUITE 1825
JACKSONVILLE FL 32207

Mailing Address
1301 RIVERPLACE BLVD
SUITE 1825
JACKSONVILLE FL 32207

2. Principal Place of Business
21
Suite, Apt. # or
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. # or
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: 09/30/1981
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2129150 — 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. Is organization authorized to issue stock, for profit corporations 1993 & 2? Filing in Florida: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
LIVERMORE, DANIEL U JR
1301 RIVERPLACE BLVD
SUITE 1825
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned hereby consents to serve as registered agent for the purpose of accepting service of process within Florida and hereby accepts the appointment as registered agent and agrees to act in this capacity.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	LIVERMORE, DANIEL U JR	
STREET ADDRESS	1301 RIVERPLACE BLVD, SUITE 1825	
CITY, ST, ZIP	JACKSONVILLE FL 32207	
TITLE	VS	[ ] DELETE
NAME	KLEIN, RICHARD E	
STREET ADDRESS	1301 RIVERPLACE BLVD, SUITE 1825	
CITY, ST, ZIP	JACKSONVILLE FL 32207	
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 19

TITLE	[ ] Change	[ ] Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	[ ] Change	[ ] Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	[ ] Change	[ ] Add
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information indicated on this report or supplemental report filed herein 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 above or on attached sheets.

SIGNATURE: R.E. Klein — **R.E. Klein** — **April 17, 1996** — **(904)399-0500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)