

**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 #**

1. Corporation Name

**F 51253**

Michele Kane Cummings, P.A.  
2239 Hollywood Blvd.  
Hollywood, Florida 33020

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

**10.26.81**

3a. Date of Last Report

**4/11/94**

2. Principal Place of Business

21. **750 S.E. 3rd Ave.**

2a. Mailing Address

26. **750 S.E. 3rd Ave.**

4. FEI Number

**59-2137469**

Applied For

Not Applicable

22. **Suite #100**

27. **Suite #100**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

23. **Ft. Lauderdale, FL**

City & State

28. **Ft. Lauderdale, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

24. **33316**

Country

25. **Broward**

Zip

29. **33316**

Country

30. **Broward**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Michele Kane Cummings  
884 N.E. 78 Street  
Boca Raton, FL 33484

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

**FL**

85. Zip Code

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 and fee if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**President**

☐ DELETE

NAME

**Michele Kane Cummings**

STREET ADDRESS

**884 N.E. 78 Street**

CITY, ST, ZIP

**Boca Raton, FL, 33484**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Michele Kane Cummings**

President

Date

**2/12/96**

Daytime Phone

CR2E034 (12/95)

3-18-1996