

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

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95 MAR -3 AM 9: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F74129 (0)

1. Corporation Name
DICKENSON, MURDOCH, REX AND SLOAN, CHARTERED, AT TORNEYS

Principal Place of Business Mailing Address

% DAVID B DICKENSON
980 N FEDERAL HWY., #410
BOCA RATON FL 33432-2784

% DAVID B DICKENSON
980 N FEDERAL HWY., #410
BOCA RATON FL 33432-2784

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. % Judith A. Costello		26. % Judith A. Costello		03/30/1982	03/04/1994
22. 980 N. Federal Hwy., #410		27. 980 N. Federal Hwy., #410		4. FEI Number	Applied For
23. Boca Raton, Florida		28. Boca Raton, Florida		59-2180007	Not Applicable
24. 33432		29. 33432		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Palm Beach		30. Palm Beach		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

DICKENSON, DAVID B.
980 N. FEDERAL HWY., #410
BOCA RATON FL 33432

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 officer 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKENSON, DAVID B	1.2 NAME	
STREET ADDRESS	980 N. FED HWY., #410	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURDOCH, RICHARD A.	2.2 NAME	
STREET ADDRESS	980 N. FED HWY., #410	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REX, ROBERT H	3.2 NAME	
STREET ADDRESS	980 N. FED HWY. #410	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, BARBARA A	4.2 NAME	
STREET ADDRESS	980 N. FED HWY. #410	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied by this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 record or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if change of name or address.

SIGNATURE: **X** _____ **President** **2/27/95** **(407) 391-1900**

(David B. Dickenson)