

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F74513 (5)**

1. Corporation Name

**DAVID & FRENCH, P.A., ATTORNEY'S AT LAW**



Principal Place of Business

Mailing Address

SUITE 125, 2600 N MILITARY TRL  
BOCA RATON FL 33431

SUITE 125, 2600 N MILITARY TRL  
BOCA RATON FL 33431

3. Date Incorporated or Qualified <b>03/31/1982</b>	3a. Date of Last Report <b>01/17/1995</b>
4. FE Number <b>59-2193645</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID, RONALD A ESQ  
SUITE 125, 2600 NO MILITARY TRL  
BOCA RATON FL 33432

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0601, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	DAVID, RONALD A	2.1 NAME	
3. STREET ADDRESS	2600 N MILITARY TRL 125	3.1 STREET ADDRESS	
4. CITY-STATE-ZIP	BOCA RATON FL	4.1 CITY-STATE-ZIP	
5. TITLE	VS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	FRENCH, DAVID E.	6.1 NAME	
7. STREET ADDRESS	2600 N MILITARY TRL 125	7.1 STREET ADDRESS	
8. CITY-STATE-ZIP	BOCA RATON FL	8.1 CITY-STATE-ZIP	
9. TITLE		9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10.1 NAME	
11. STREET ADDRESS		11.1 STREET ADDRESS	
12. CITY-STATE-ZIP		12.1 CITY-STATE-ZIP	
13. TITLE		13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY-STATE-ZIP		16.1 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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, secretary, or trustee or trustee-in-power, or that I am authorized 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 in an attachment with an address.

SIGNATURE: **2-13-96** 407 9989300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)