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Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **F99148** (1)  
1. Corporation Name  
**MACHEN, POWERS, DISQUE & BOYLE, CHARTERED**



Principal Place of Business  
**C/O RAYMOND J. POWERS  
707 SE 3RD AVE 400  
FT. LAUDERDALE FL 33316-1155  
US**

Mailing Address  
**707 S.E. 3RD AVE.  
SUITE #400  
FT. LAUDERDALE FL 33316-1155  
US**

3. Date Incorporated or Qualified <b>09/07/1982</b>	3a. Date of Last Report <b>02/20/1996</b>
4. FEI Number <b>59-2216074</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**POWERS, RAYMOND J.  
707 SE 3RD AV SUIT 400  
FT. LAUDERDALE FL 33316**

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>BOYLE, J VINCENT</b>
STREET ADDRESS	<b>500 AZALEA LANE</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	STD <input type="checkbox"/> DELETE
NAME	<b>POWERS, RAYMOND J</b>
STREET ADDRESS	<b>707 SE 3RD AVE STE 400</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>MACHEN, JIM D</b>
STREET ADDRESS	<b>301 W. CAMINO GARDENS BLVD. STE. #101</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>DISQUE, PHILIP A</b>
STREET ADDRESS	<b>707 SE 3RD AVE STE 400</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316-1155</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316-1155</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: **RAYMOND J. POWERS** 2-4-97 (954) 764-4500  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)