

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 # **G04795** (2)

1. Corporation Name

R.M. JOHNS & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**5100 NE 33RD AVE
SUITE 141
BOCA RATON FL 33309
US**

**5100 NW 33RD AVE
SUITE 141
FT. LAUDERDALE FL 33309
US**

3. Date Incorporated or Qualified 10/18/1982	3a. Date of Last Report 01/13/1995
4. FEI Number 59-2256830	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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNS, R.M.
2295 NW 35TH ST.
BOCA RATON FL 33431**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change ☐ Addition ☐
STREET ADDRESS	STREET ADDRESS	1.2 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY - ST - ZIP	
STREET ADDRESS	STREET ADDRESS	2.1 TITLE	Change ☐ Addition ☐
CITY - ST - ZIP	CITY - ST - ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	2.4 CITY - ST - ZIP	
CITY - ST - ZIP	CITY - ST - ZIP	3.1 TITLE	Change ☐ Addition ☐
TITLE	NAME	3.2 NAME	
STREET ADDRESS	STREET ADDRESS	3.3 STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change ☐ Addition ☐
STREET ADDRESS	STREET ADDRESS	4.2 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY - ST - ZIP	
STREET ADDRESS	STREET ADDRESS	5.1 TITLE	Change ☐ Addition ☐
CITY - ST - ZIP	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	5.4 CITY - ST - ZIP	
CITY - ST - ZIP	CITY - ST - ZIP	6.1 TITLE	Change ☐ Addition ☐
TITLE	NAME	6.2 NAME	
STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. MICHAEL JOHNS

01-16-96

305-486-7738

Date

Daytime Phone #

CR2E034 (12/95)