

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 # **G29867** (0)

1. Corporation Name

MARC K. POWERS, CPA, P.A.



Principal Place of Business

Mailing Address

% MARC K. POWERS, CPA
1320 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146

% MARC K. POWERS, CPA
1320 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146

3. Date Incorporated or Qualified **05/01/1983** 3a. Date of Last Report **03/30/1995**

2. Principal Place of Business
21 **One SE 3rd Ave**
Suite, Apt. #, etc. **10th Floor**
City & State **MIAMI FLA**
Zip **33131** Country **DADE**
22 **One SE 3rd Ave**
Suite, Apt. #, etc. **10th Floor**
City & State **MIAMI FLA**
Zip **33131** Country **DADE**

4. FEI Number **59-2275666** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWERS, MARC K., CPA
1320 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **One SE 3rd Ave**
83 **10th Floor**
84 City **MIAMI** FL 85 Zip Code **33131**

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 street address

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
PD	POWERS, MARC K CPA	1320 S DIXIE HWY	CORAL GABLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETED
		One SE 3rd Ave 10th Floor	MIAMI FLA 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
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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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96 **305 233-8757**
Date Daytime Phone

CR2E034 (12/95)