

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT, OF STATE
Sandra B. Morthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G52003** (2)

1. Corporation Name:
LOUIS R. MCBANE, P.A.



Principal Place of Business: **515 N. FLAGLER DRIVE 19TH FLOOR WEST PALM BEACH FL 33401**
Mailing Address: **515 N. FLAGLER DRIVE 19TH FLOOR WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **07/21/1983**
3a. Date of Last Report: **01/27/1995**
4. FET Number: **59-2312185**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
State, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent

**MCBANE, LOUIS R.
515 N FLAGLER DR
19TH FLOOR
W PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

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 607.0532 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 of Corporation Secretary or other authorized agent (if applicable) (If filer is Registered Agent signature required, enter filer's name) DATE

12. OFFICERS AND DIRECTORS
1. TITLE: **DP** DELETE
NAME: **MCBANE, LOUIS R**
STREET ADDRESS: **38 PINE TRAIL**
CITY-STATE-ZIP: **W PALM BCH FL**
2. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
3. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
6. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-STATE-ZIP:
2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-STATE-ZIP:
3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-STATE-ZIP:
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-STATE-ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-STATE-ZIP:
6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-STATE-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 Book 12 or Book 12A of changed, or on an attachment with an address.

SIGNATURE:

Louis R M MCBane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

CR2E034 (12/95)