

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G55680** (4)

1. Corporation Name
SANTONE, EYLER & LURY, P.A.



Principal Place of Business
**2300 GLADES RD
STE 260 W
BOCA RATON FL 33431
US**

Mailing Address
**2300 GLADES RD
STE 260 W
BOCA RATON FL 33431
US**

3. Date Incorporated or Qualified **08/01/1983** 3a. Date of Last Report **03/01/1995**

4. FEI Number **59-2306324** 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 **1545 CENTRE PARK DR N**
State, Apt. #, etc.
22 City & State **WEST PALM BEACH FL**

2a. Mailing Address
25 **1545 CENTRE PARK DR N**
Suite, Apt. #, etc.
27 City & State **WEST PALM BEACH FL**

24 **33401** 25 **PALM BEACH** 29 **33401** 30 **PALM BEACH**

9. Name and Address of Current Registered Agent
**EYLER, BONNIE
2300 GLADES ROAD
STE 260 W
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **1545 CENTRE PARK DRIVE NORTH**
83
84 City **WEST PALM BEACH** FL 85 Zip Code **33401**

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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (to be signed by the registered agent or the principal officer or director) (to be signed by the registered agent or the principal officer or director)

12. OFFICERS AND DIRECTORS

| | | |
|--------------------|---------------------------------|---------------------------------|
| 1. TITLE | PSTD | <input type="checkbox"/> DELETE |
| 2. NAME | EYLER, BONNIE | |
| 3. STREET ADDRESS | 2300 GLADES RD STE 260 W | |
| 4. CITY, ST, ZIP | BOCA RATON FL | |
| 5. TITLE | | <input type="checkbox"/> DELETE |
| 6. NAME | | |
| 7. STREET ADDRESS | | |
| 8. CITY, ST, ZIP | | |
| 9. TITLE | | <input type="checkbox"/> DELETE |
| 10. NAME | | |
| 11. STREET ADDRESS | | |
| 12. CITY, ST, ZIP | | |
| 13. TITLE | | <input type="checkbox"/> DELETE |
| 14. NAME | | |
| 15. STREET ADDRESS | | |
| 16. CITY, ST, ZIP | | |

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | 1545 CENTRE PARK DRIVE NORTH |
| 4. CITY, ST, ZIP | WEST PALM BEACH, FL 33401 |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY, ST, ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY, ST, ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. 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, or in an attachment with an address.

SIGNATURE:  DATE: **2/2/96** (407) 684-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)