

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 # **H22269** (5)

1. Corporation Name

CUNNINGHAM & CUNNINGHAM, P.A.



Principal Place of Business

Mailing Address

**1897 PALM BCH LAKES BLVD
CROSS RDS BLDG 201
WEST PALM EBACH FL 33409
US**

**1897 PALM BCH LAKES BLVD
CROSS RDS BLDG 201
WEST PALM BEACH FL 33409
US**

3. Date Incorporated or Qualified
09/24/1984

3a. Date of Last Report
06/05/1995

4. FEI Number

59-2455217

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUNNINGHAM, T. J.
1897 PALM BEACH LAKES BLVD.
CROSS ROADS BUILDING, SUITE 201
WEST PALM BEACH FL 33409**

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 block applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **CUNNINGHAM, T. J.**
CITY-ST-ZIP **1897 PALM BEACH LAKES BL**
W. PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

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5.1 TITLE

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6.1 TITLE

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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

TITLE ☐ DELETE

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

TITLE ☐ DELETE

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

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10.1 TITLE

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11.1 TITLE

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11.4 CITY-ST-ZIP

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13.1 TITLE

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13.4 CITY-ST-ZIP

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14.1 TITLE

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TITLE ☐ DELETE

15.1 TITLE

15.2 NAME

15.3 STREET ADDRESS

15.4 CITY-ST-ZIP

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16.1 TITLE

16.2 NAME

16.3 STREET ADDRESS

16.4 CITY-ST-ZIP

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17.3 STREET ADDRESS

17.4 CITY-ST-ZIP

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18.1 TITLE

18.2 NAME

18.3 STREET ADDRESS

18.4 CITY-ST-ZIP

TITLE ☐ DELETE

19.1 TITLE

19.2 NAME

19.3 STREET ADDRESS

19.4 CITY-ST-ZIP

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20.1 TITLE

20.2 NAME

20.3 STREET ADDRESS

20.4 CITY-ST-ZIP

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21.1 TITLE

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY-ST-ZIP

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22.1 TITLE

22.2 NAME

22.3 STREET ADDRESS

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23.1 TITLE

23.2 NAME

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27.1 TITLE

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27.4 CITY-ST-ZIP

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28.1 TITLE

28.2 NAME

28.3 STREET ADDRESS

28.4 CITY-ST-ZIP

TITLE ☐ DELETE

29.1 TITLE

29.2 NAME

29.3 STREET ADDRESS

29.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

407/683 2900

Date

Daytime Phone #

CR2E034 (12/95)