

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H28846**

(4)

1. Corporation Name

RICHARD M. BALES, JR., P.A.

Principal Place of Business

**200 SOUTH BISCAYNE BLVD.
SUITE 2770
MIAMI FL 33131**

Mailing Address

**200 SOUTH BISCAYNE BLVD.
SUITE 2770
MIAMI FL 33131**



2. Principal Place of Business

21 State: **FL**

22 City & State:

23 City & State:

24 City & State:

2a. Mailing Address

26 State: **FL**

27 City & State:

28 City & State:

29 City & State:

9. Name and Address of Current Registered Agent

**BALES, RICHARD M. J
200 S BISCAYNE BLVD STE 2770
MIAMI FL 33131**

3. Date Incorporated or Qualified

11/01/1984

3a. Date of Last Report

05/24/1995

4. FEI Number

59-2461894

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of section 607.01, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office to the address reported below 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 the one who will accept the liability described in Section 607.03, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information furnished by me is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. This report is required to be filed with the Department of State by Chapter 637, Florida Statutes, and that my name appears in Block 12 of this report.

NAME

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CITY & STATE

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

305-372-7700

CR2E034 (12/95)