

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 # **H39213** (4)

1. Corporation Name
BLADE & BLADE, P.A.



Principal Place of Business: **515 SOUTH FEDERAL HIGHWAY
~~1180 S. POWERLINE RD.~~
DEERFIELD BCH FL 33441
US**

Mailing Address: **515 SOUTH FEDERAL HIGHWAY
~~1180 S. POWERLINE RD.~~
DEERFIELD BCH FL 33441
US**

2. Principal Place of Business: 21
22. City & State: **DEERFIELD BEACH FL**
23. Zip: **33441** Country: **USA**

2a. Mailing Address: 26 **515 South Federal Hwy**
27. City & State: **DEERFIELD BEACH FL**
28. Zip: **33441** Country: **USA**

3. Date Incorporated or Qualified: **01/23/1985**
3a. Date of Last Report: **01/18/1995**

4. FEI Number: **59-2481028**
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
**BLADE, PAUL E.
515 SOUTH FEDERAL HIGHWAY
DEERFIELD BEACH FL 33441**

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 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent Signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **DP** DELETE
NAME: **BLADE, PAUL E.**
STREET ADDRESS: **515 S FEDERAL HWY**
CITY- ST- ZIP: **DEERFIELD BCH FL**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- 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- ST- ZIP:

2.1 TITLE: Change Addition
2.2 NAME: **S/T/D**
2.3 STREET ADDRESS: **William P. Blade**
2.4 CITY- ST- ZIP: **515 South Federal Hwy,
DEERFIELD BEACH, FL 33441**

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY- ST- ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY- ST- ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY- ST- ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 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, changed, or on an attachment with an address.

SIGNATURE: Paul E. Blade Date: 1/16/96 (954) 429-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)