

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Suzanna B. Marston  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J19003 (9)**

1. Corporation Name  
**THOMAS M. COSTELLO, C.P.A., P.A.**



Principal Place of Business: **1300 N FEDERAL HWY SUITE 202 BOCA RATON FL 33432-9648**  
Mailing Address: **1300 N FEDERAL HWY SUITE 202 BOCA RATON FL 33432-9648**

2. Principal Place of Business: 21 State Asst # (etc): 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 State Asst # (etc): 27 City & State: 28 Zip: 29 Country: 30

3. Date Reported for Quarter: **06/03/1986** 3a. Date of Last Report: **01/20/1995**  
4. FEIN Number: **59-2689745** Applied For:  Not Applicable  
5. Cert. of State:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing/Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**COSTELLO, THOMAS M. 1300 N FEDERAL HWY SUITE 202 BOCA RATON FL 33432**

81 Name: 82 Street Address (or P.O. Box Number, if Not Applicable): 83: 84 City, State, Zip Code: **FL 85**

11. Pursuant to the provisions of Sections 607.02(2)(b) and 607.03(1)(A), 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. Said 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 607.02(2)(b), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>COSTELLO, THOMAS M.</b>	
STREET ADDRESS	<b>1300 N FEDERAL HWY #202</b>	
CITY-STATE-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied herein is true and correct, and does not violate the provisions of Section 119.07(4)(c), Florida Statutes. I further certify that the information indicated on this annual report or subsequent financial reports has been prepared in accordance with the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on a letterhead in my name.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.2.96

CR2E034 (12/95)