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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(4)

DOCUMENT # J41600
1. Corporation Name

RICHARD ESCOBAR, P.A.



Principal Place	of Business	Mattan Add .							
Principal Place of Business Mailing Address  2708 W. KENNEDY BLVD. 2708 W. KENNEDY BLVD.									
TAMPA FL 33		TAMPA FL 336							
						Date Incorporated or Qualified     11/12/1986	3a. Date	of Last F	
<ol> <li>Principal Pla</li> </ol>	ace of Business	2a. Mailing Add 26	2a. Mailing Address 26			4. FEI Number 59-2739654	Applied For Not Applicable		
Suite, Apt. : 22		Suite, Apt. #	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	? 	City & State	City & State			<ol><li>Flection Campaign Financing Trust Fund Contribution</li></ol>	\$5.00 May Be Added to Fees		
Zip <b>24</b>	Country	Zip	· · ·	ountry		8. This corporation has liability for i		cunder s	199.032,
<u> </u>	25] 9. Name and Address of Cu	29  rrent Registered Agent	[30]			Florida Statutes X Yes			
		Tront rieg stered Agent		81	Name	10. Name and Address of New R	egistereo <i>F</i>	gent	
ESCUBA	r, richard				INDIFFE				
	KENNEDY BLVD.		82 Street Ac 83		Street Addr	ess (P.O. Box Number is Not Acceptab	le)		T M W 14 . T
TAMPA F									
				B4	City			85 Z	p Code
11 Purcuant t	a the provisions of Sastions 507.0	1500 and 607 1500 First	do Ototulos Ali				FL		-
or register	ed agent, or both, in the State of F	florida. Such change was	aa Statutes, the at sauthorized by the	nove n e corpo	ameo corpor oration's boai	ation submits this statement for the pund of directors. I hereby accept the appe	nose of char pintment as r	nging its r registered	registered offic Lacent Lam
familiar wit	th, and accept the obligations of, S	Section 607.0505, Florida	Statutes.	·			W NOW CO	ogistorod	rugo il rum
SIGNATURE _	Signature, typed or printed have of registered a	A A							
12.		agent and find it applicable. AND DIRECTORS	(NOTE: Register		Signature recipire	5 when reinstating)	DA16	DIDE OF F	rio II
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oath; that I am an officer or direct appears in Block 12 or Block 12 Trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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

5/1/96 (8/3)875-5100