FILE NOW: FILING FEE AFTER MAY 1 IS $2█.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMEN█ █ STATE
Sandra B. Mort█
Secretary of St█
DIVISION OF CORPO█ TIONS

DOCUMENT # J59980 (9)

1. Corporation Name

LARRY C. VON STEIN P.A.

Principal Place of Business	**Mailing Address**
9100 PARK BLVD., TOWN HOME #2 SEMINOLE FL 34647-4131 US	9100 PARK BLVD., TOWNHOME #2 SEMINOLE FL 34647-4131 US

	3. Date Incorporated or Qualified	3a. Date of Last Report
	03/06/1987	**03/20/1995**

4. FEI Number	Applied For
59-2761058	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 30

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

VON STEIN, LARRY C.
9100 PARK BLVD., TOWNHOME #2
SEMINOLE FL 34647

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the █ve-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 t█ 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 type for printed name of registered agent and if applicable (NOTE: Regis█ Agent signature required when reinstating) DATE

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: **PS** ☐ DELETE NAME: **VON STEIN, LARRY C.** STREET ADDRESS: **9100 PARK BLVD., TOWNHOME #2** CITY-ST-ZIP: **SEMINOLE FL**	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: ☐ DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished█ 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 r█ █s 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 em█ █red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ █RRY C VON STEIN 2/20/96 813-399 9552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR █TOR   Date   Daytime Phone #