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 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

J61907

(8)

SHELLEY B. MAURICE, P.A.

Officer B. Madifice, 1996								
Principal Place of Business	Maling Address				1 10fittid dies bildt titter eren anter	1941 61611 SI		#1#11 #1#ff (##)
11076 S MILITARY TRAIL BOYNTON BEACH FL 33436	11076 S MILITARY TRA BOYNTON BEACH FL							
					3. Date Incorporated or Qualified 03/16/1987		e of Last R 4/17/19	.'
2. Principal Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21	26				59-2803594			Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	Oity & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip Country	Zip	Zip Country			8. This corporation has liability for		tax under s	199.032,
24 25	29	30	,			☐ No		
g. Name and Address of Curre	ent Registered Agent		121		10. Name and Address of New F	tegistered	Agent	
			81	Name				
Fain, Daniel 1195 NW 20th Avenue				Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
DELRAY BEACH FL 32301			83					
			84	City		FI	85 7	p Code
Pursuant to the provisions of Sections 607.050 or registered agent, or beth, in the Stary of Hofamiliar with, and account try obligations of Sections SIGNATURE Signature Transport Analysis of August 187		ili. Registeres			d of directors. I hereby accept the application of directors. I hereby accept the application of directors and directors. ADDITIONS/CHANGES TO OFF	DATE		
<u> </u>		PRS 13.			ADDITIONS/CHANGES TO OT	TOLING AIN	Change	Addition
TITLE PST	otter	12N						
NAME MAURICE, SHELLEY B. STREET ADDRESS 11076 S MILITARY TRL				ADDRESS				
BOUNTON BELOU EL		1	ITY-S					
CITY-ST-ZIF BUYNION BEACH FL	□ DELETE	DELETE 2 13			Change Addition			Addition
NAME MAURICE, SHELLEY B.	<u></u>	221						
STREET ACORESS 11076 S MILITARY TRL		235	IBE _L T	ADDRESS				
CITY-ST-ZIP BOYNTON BEACH FL		240) i y - 9	7 - 7iP				
TITLE	DELETE	3.1	HTLE				□ Change	☐ Addition
NAME		3 2 1	Μű					'
STREET ADDRESS		33	5!EEE	LADDRESS				
C-TY-ST-Z-P	· · · · · · · · · · · · · · · · · · ·	34(HY - 5	ST - 21P				
TITLE	☐ DEFELE	4 1	1:1tE				Спанде	☐ Add-tion
NAME		421						
STREET ADDRESS				ADDRESS				
City-St-2iF	C) ocitie			ST ZIP			Change	Addition
TIFLE	DELETE		TITLE				Snunge	
NAME			VAME	LANDOSCS				
STREET ADDRESS				I ADDRESS				
CITY+ST-ZIP	DELETE		Dilye: Title	S1 - Z-P			Change	Addition
TITLE	☐ peccie		NAME					
NAME				CADOBESS				
STREET ADDRESS				LADORESS				
CITY-ST-ZIP		<u> </u>	UII)	ST-ZIP		0.07/0.41	Classida Ctat	A (#

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 oxthe 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 23 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TIPES OF PRINTED NAME OF SIGNING OFFICE PAOR DIRECTOR

4/29/96 (407)738-520

CR2E034 (12/95)