

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Monticelli
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J69691**

(0)

1. Corporation Name

MICHAEL D. HORLICK, P.A.



Principal Place of Business

**% MICHAEL D. HORLICK
227 PENSACOLA ROAD
VENICE FL 34285-1301**

Mailing Address

**% MICHAEL D. HORLICK
227 PENSACOLA ROAD
VENICE FL 34285-1301**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

24 Zip County

29 Zip County

9. Name and Address of Current Registered Agent

**HORLICK, MICHAEL D.
227 PENSACOLA RD
VENICE FL 34285**

3. Date Incorporated or Qualified

04/22/1987

3a. Date of Last Report

01/18/1995

4. FEI Number

59-2795679

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. 193.032 Florida Statutes

Yes No

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 607.060(2) and 607.150(8), 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 hereby waiving and accepting the obligations of Sections 607.060(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12.1	DP HORLICK, MICHAEL D. 604 APALACHICOLA RD. VENICE FL	<input type="checkbox"/> DELETE
12.2		<input type="checkbox"/> DELETE
12.3		<input type="checkbox"/> DELETE
12.4		<input type="checkbox"/> DELETE
12.5		<input type="checkbox"/> DELETE
12.6		<input type="checkbox"/> DELETE
12.7		<input type="checkbox"/> DELETE
12.8		<input type="checkbox"/> DELETE
12.9		<input type="checkbox"/> DELETE
12.10		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	12 NAME	
13.3	13 STREET ADDRESS	
13.4	14 CITY - S. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	21 TITLE	
13.6	22 NAME	
13.7	23 STREET ADDRESS	
13.8	24 CITY - S. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	31 TITLE	
13.10	32 NAME	
13.11	33 STREET ADDRESS	
13.12	34 CITY - S. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13	41 TITLE	
13.14	42 NAME	
13.15	43 STREET ADDRESS	
13.16	44 CITY - S. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17	51 TITLE	
13.18	52 NAME	
13.19	53 STREET ADDRESS	
13.20	54 CITY - S. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.21	61 TITLE	
13.22	62 NAME	
13.23	63 STREET ADDRESS	
13.24	64 CITY - S. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 year's report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a full 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 if changed, or as an attachment to an addendum.

SIGNATURE:

Michael D. Horlick

Michael D. Horlick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

1-941-484-5656

CR2E034 (12/95)