

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J97960 (5)

1. Corporation Name

BRUCE J. DANIELS, P.A.



Principal Place of Business

Mailing Address

336 GOLFVIEW ROAD
NORTH PALM BEACH FL 33408
US

336 GOLFVIEW ROAD
910
NORTH PALM BEACH FL 33408
US

3. Date Incorporated or Qualified
10/16/1987

3a. Date of Last Report
04/25/1995

2. Principal Place of Business
21 336 Golfview Rd

2a. Mailing Address
26 336 Golfview Rd

4. FEI Number
65-0009645

Applied For
Not Applicable

22 Suite, Apt. #, etc.
1018

27 Suite, Apt. #, etc.
1018

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
North Palm Beach FL

28 City & State
North Palm Beach FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
33408

25 County
Palm Beach

29 Zip
33408

30 County
Palm Beach

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIELS, BRUCE J.
336 GOLFVIEW ROAD
910
NORTH PALM BEACH FL 32408

81 Name
Bruce J. Daniels
82 Street Address (P.O. Box Number is Not Acceptable)
336 Golfview Rd
83 #1018
84 City
North Palm Beach FL 85 Zip Code
33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE
Bruce J. Daniels

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1. PD
DANIELS, BRUCE J.
336 GOLFVIEW ROAD #440 - #1018
NORTH PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
3. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
5. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
6. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-96

407-655-3072

CR2E034 (12/95)