

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K74527**

(8)

1. Corporation Name
NANCY A. RUMER, P.A.



Principal Place of Business
**1353 CEDARWOOD WAY
PALM HARBOR FL 34683**

Mailing Address
**1353 CEDARWOOD WAY
PALM HARBOR FL 34683**

3. Date Incorporated or Organized 03/22/1989	3a. Date of Last Report 04/17/1995
4. FFL Number 65-0103320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 198.032, Florida Statute <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**RUMER, NANCY A.
1353 CEDARWOOD WAY
PALM HARBOR FL 34683**

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 607.0602 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. Thereby, it accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0602, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	RUMER, NANCY A.	
STREET ADDRESS	1353 CEDARWOOD WAY	
CITY, ST, ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

13.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME		
13.5 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 NAME		
13.9 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied to this filing is voluntarily furnished, true, does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. Further, I do hereby certify that the information indicated on this annual report or biennial 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 person or persons who prepared this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on the attached form with annual filing.

SIGNATURE:

Nancy A. Rumer
SIGNATURE (TO BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/19/96

CR2E034 (12/95)