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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # K76842

1. Corporation Namie

(9)

	LAFAYETTE PROFESSIONAL ASSOCIATION					
hit Bridge Siller Bratt gigge Gräte inge.	f fådiðitt ött ibbin Atibi fötti blata tiði gjara sann.			Mailing Address	1 Business	Principal Place of
				3446 E. LAKE RD.	RD.	3446 E. LAKE
3 Date Incorporated or Qualified 3a. Date of Last Report			SUITE 212 PALM HARBOR FL 34685			SUITE 212
04/27/1995	O. Date mos perates of the			FAUN HANDON IL 34003	FL 34685	PALM HARBOR
Applied For	4. FEI Number			O- Mailing Addition		
Not Applicable	59-2937076			2a. Mailing Address 26		2. Principal Place
\$8.75 Additional	5. Certificate of Status Desired			Suite, Apt. #, etc.		Suite, Apt. #,
Fee Required				27		30ite, Apt. *,
	Election Campaign Financing Trust Fund Contribution  **5.00 May Be Added to Fees		City & State			City & State
	This corporation has liability for intangible ta:		Zin Country			3
No	Florida Statutes X Yes No		50 COUNTY	Ζιρ [ <b>29</b> ]	Country	_ Z⊮p
lered Agent	10. Name and Address of New Registered A		-	T	9. Name and Address of Current R	4
		Name	81		5. Hallo Bild Value	
ess (P.O. Box Number is Not Acceptable)		Street Addre	82		TE, JOHN C.	I AEAVETT
					AMBLEWOOD DR.	
			63		HARBOR FL 34695	
FL 85 Zip Code	FI	City	84			<b>U</b> , <u> </u>
of phonoing its registered office	ation submits this statement for the purpose of cha d of directors. I hereby accept the appointment as					
☐ Change ☐ Addition	ADDITIONS/CHANGES TO OFFICERS AND	d ADDRSSS ST-ZIP	13. 1 1 HILE 1 2 NAME		OFFICERS AND I PD LAFAYETTE, JOHN C. 1114 BRAMBLEWOOD DR. SAFETY HARBOR FL	SIGNATURE
Change Addition	l		2 1 TITLE	☐ DELETE		TITLE
		2.2 NAME			NAME	
		1 ADDRESS				STREET ADORESS
Change Addition			2.4 OF Y- 3.3 THEE	DELETE		CHTY-ST-2IP
Change Addition	ļ	3.2 NAME	□ perc₁r		TITLE	
		ET ADDRESS				NAME OFFICE ADODESS
		į.	3.4 CiTY -			STREET ADDRESS !
☐ Change ☐ Addition			4. 1 THE	DELETE		TITLE
			4.2 NAME			NAME
		ET ADORESS	4 3 STREE			STREET ADDRESS
Change Addition			4 4 CiTy			CITY-ST-ZIF
			5 1 7111.6	DELETE		TITLE
			5.2 NAM3			NAME
		ET ADDRESS LSTL 7IP	5 3 SINE 5 4 CITY			STREET ADDRESS
☐ Change ☐ Addition			6 1 11[1]	DELETE		CITY - S1 - ZIP
			6.2 NAM	<u> </u>		
		ET ADORESS				1
Description of the second		61 76	6 1 0 7 1			
(З)(к), Florida Statutes. I further :me legal effect as if made unde	for the exemption stated in Section 119.07(3)(k). Firste and that my signature shall have the same let	oes not qualify	shed and do	vith this filing is voluntarily furni	by certify that the information supplied w	14. I do hereb
na Sta Z	for the exemption stated in Section 119.07(3)(k), rate and that my signature shall have the same less his report as required by Chapter 607, Florida Sta	E ADORESS -ST-ZIÉ	62 NAM 63 STAR 64 CITY shed and do all report is empowere		by certify that the information supplied wat the information indicated on this angula I I am an officer of director of the floribro in Block 12 or Block 13 inchanged, or in	certify that

SIGNATURE:

THE AND TYPED OR PRINTED TIME OF SIGNING OFFICER OR DIRECTOR

4-11-96 (813)787-4533

CR2E034 (12/95)

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