## 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

K76949

i. Corporation				(9)								
LAFAY	ette pr	OFESSIONAL AS	SOCIAT	TION								
Principal Place	of Business	3	Ma	ailing Address			I IOBAÇINE DIA HOQUD DINGU II					
3446 E. LAKE RD. SUITE 212 PALM HARBOR FL 34685				3446 E. LAKE RD. SUITE 212 PALM HARBOR FL 34685								
							<ol> <li>Date Incorporated or Qu 03/31/1989</li> </ol>	Jamed	3a. Date of	7 Last H	•	
2. Principal Pl	Principal Place of Business			2a. Mailing Address			4. FEI Number		عربدن		Applied For	
Suite, Apt. #, etc.			26			·	59-2937076				Not Applicable	
			27	Suite, Apt. #, etc.			Certificate of Status Desired			\$8.75 Additional Fee Required		
City & State			28	City & State			Election Campaign Finan     Trust Fund Contribution	ncing	[]		May Be	
Zip		Country		Zip	Coun	try	8. This corporation has liab	ollity for in	tangible tax ι			
4	O Nome	25	29		30		Florida Statutes		□ No			
	9. Name	and Address of Curr	ent Hegis	tered Agent		Name	10. Name and Address of	New Re	gistered Ag	ent		
Lafayette, John C. 1114 Bramblewood Dr. Safety Harbor Fl. 34695						ress (P.O. Box Number is Not Ad	cceptable	)	···			
						13						
SAFEII	MARDUN	rl 34093				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
									T	<b>85</b> Zir.	Code	
						34 City				1 '		
rannilar wi	to the provisi ed agent, or th, and acce	ions of Sections 607.05 both, in the State of Flo pt the obligations of, Se	02 and 607 orida. Such action 607.0	7.1508, Florida Statu change was aulhori, 0505, Florida Statute	tes, the above	'	ration submits this statement for ord of directors. I hereby accept the	the purp the appoir		1 '	egistered office agent. I am	
iaitiiiar wii SIGNATURE	in, and acce	ions of Sections 607.05 both, in the State of Fig pt the obligations of, Se or profed name of registered ag	Ction 607.	U5U5, Florida Statute	tes, the above zed by the co s.	'		the purportine appoir		1 '	egistered office agent. I am	
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BIGNATURE _	Signature, typed	or printed name of registered age	ent and title if a	USUS, FIORIDA STATUTE:	tes, the above zed by the cos.  OTE: Rogistered A.  13.	e-named corpo rporation's boa gent signatura require	id when reinstahing)	<del></del>	DATE	ing its registered		
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appears in Block 12 or Block 13 if

SIGNATURE:

4-11-96 (813) 787-4533