

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K77261** (1)

1. Corporation Name
VIRGINIA A. ANDERSON, P.A.



Principal Place of Business: **%VIRGINIA A. ANDERSON 3441 VALLEY RANCH DRIVE LUTZ FL 33549**
Mailing Address: **%VIRGINIA A. ANDERSON 3441 VALLEY RANCH DRIVE LUTZ FL 33549**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **03/25/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0109776**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **ANDERSON, VIRGINIA A. 3441 VALLEY RANCH DRIVE LUTZ FL 33549**
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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 obligations of, Section 617.05(1), Florida Statutes.

SIGNATURE		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	P	<input type="checkbox"/> DELETE	13.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	ANDERSON, VIRGINIA A.		1. TITLE		
NAME	3441 VALLEY RANCH DRIVE		2. NAME		
STREET ADDRESS	LUTZ FL		3. STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> DELETE	4. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			5. TITLE		
NAME			6. NAME		
STREET ADDRESS			7. STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> DELETE	8. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			9. TITLE		
NAME			10. NAME		
STREET ADDRESS			11. STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> DELETE	12. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			13. TITLE		
NAME			14. NAME		
STREET ADDRESS			15. STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> DELETE	16. CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			17. TITLE		
NAME			18. NAME		
STREET ADDRESS			19. STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> DELETE	20. CITY - ST - 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 reported 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: *Virginia Anderson, Pres* 4/18/96 813 264 0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Virginia A. Anderson**

CR2E034 (12/95)