

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K81416** (5)

1. Corporation Name
CAROLYN W. HENSGEN P.A.



Principal Place of Business
**%CAROLYN W. HENSGEN
440 S. GULFVIEW BLVD #1706
CLEARWATER FL 34630**

Mailing Address
**%CAROLYN W. HENSGEN
440 S. GULFVIEW BLVD #1706
CLEARWATER FL 34630**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, 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

3. Date Incorporated or Qualified
04/21/1989

3a. Date of Last Report
03/20/1995

4. FEIN Number
59-2942295

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes. Yes No

10. Name and Address of New Registered Agent

**HENSGEN, CAROLYN W.
440 S. GULFVIEW BLVD #1706
CLEARWATER BEACH FL 34630**

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 607.0607 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 approved 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 607.0608, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Secretary or Treasurer

DATE

12. OFFICERS AND DIRECTORS

12.1	TITLE	D	<input type="checkbox"/> DELETE
12.2	NAME	HENSGEN, CAROLYN W.	
12.3	STREET ADDRESS	440 S GULFVIEW BLV #1706	
12.4	CITY, ST, ZIP	CLEARWATER BEACH FL	
12.5	TITLE		<input type="checkbox"/> DELETE
12.6	NAME		
12.7	STREET ADDRESS		
12.8	CITY, ST, ZIP		
12.9	TITLE		<input type="checkbox"/> DELETE
12.10	NAME		
12.11	STREET ADDRESS		
12.12	CITY, ST, ZIP		
12.13	TITLE		<input type="checkbox"/> DELETE
12.14	NAME		
12.15	STREET ADDRESS		
12.16	CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY, ST, ZIP	
13.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY, ST, ZIP	
13.9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY, ST, ZIP	
13.13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY, ST, ZIP	
13.17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption state for Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 or attached thereto with an address.

SIGNATURE:

Carol W. Hensgen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96

443-7012

CR2E034 (12/95)