FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **K87801** **(2)**

1. Corporation Name

STEVEN G. DELL, P.A.

Principal Place of Business

%STEVEN G. DELL
4065 ILEX CIRCLE NORTH
PALM BEACH GARDENS FL 33410

Mailing Address

%STEVEN G. DELL
4065 ILEX CIRCLE NORTH
PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified: **05/11/1989**

3a. Date of Last Report: **03/28/1995**

4. FEI Number: **65-0119472** ☐ 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. 199.032, Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip — 25 Country

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip — 30 Country

9. Name and Address of Current Registered Agent

DELL, STEVEN G
1645 PALM BEACH LAKES BOULEVARD
SUITE 280
W PALM BCH FL 33401

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 607.0502 and 607.1505, 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 607.0505, Florida Statutes.

SIGNATURE — Date — Name and Address of Current Registered Agent (Typed or Printed)

12. OFFICERS AND DIRECTORS

TITLE: DP
NAME: DELL, STEVEN G
STREET ADDRESS: 4065 ILEX CIR NORTH
CITY-ST-ZIP: PALM BCH GARDENS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, NOT

1 TITLE
1 NAME
1 STREET ADDRESS
1 CITY-ST-ZIP
☐ Change ☐ Addition

2 TITLE
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP
☐ Change ☐ Addition

3 TITLE
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP
☐ Change ☐ Addition

4 TITLE
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP
☐ Change ☐ Addition

5 TITLE
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP
☐ Change ☐ Addition

6 TITLE
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP
☐ Change ☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is true. Filing is voluntary; furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 above, or on an attachment with an address.

SIGNATURE: Steven G Dell President — 1/23/96 — 407 686-4619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number