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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K92381 (8)

1. Corporation Name:
BLAKE M. CARLTON, P.A.

Principal Place of Business
1509 NE 4 AVE
FORT LAUDERDALE FL 33304
US

Mailing Address
1509 NE 4 AVE
FORT LAUDERDALE FL 33304-1035
US



3. Date Incorporated or Qualified 06/02/1989
3a. Date of Last Report 01/25/1996

4. FEI Number 65-0127933
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 1215 SE 2 Ave
Suite, Apt. #, etc. # 201
City & State Ft. Laud., FL
Zip 33316 Country Broward

2a. Mailing Address
26
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
CARLTON, BLAKE M.
1509 NE 4 AVE
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent
81 Name Same
82 Street Address (P.O. Box Number is Not Acceptable) 1215 SE 2 Ave
83 # 201
84 City Ft. Laud. FL 85 Zip Code 33316

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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 1/11/97

12. OFFICERS AND DIRECTORS
TITLE DP
NAME CARLTON, BLAKE M.
STREET ADDRESS 1509 NE 4 AVE
CITY-ST-ZIP FORT LAUDERDALE FL
[Delete]
[Delete]
[Delete]
[Delete]
[Delete]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/11/97 954/522-5880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)