

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L00856

(9)

1. Corporation Name

LORRAINE LEWIS, P.A.

Principal Place of Business

82681 OVERSEAS HWY.
PO BOX 783
ISLAMORADA FL 33036

Mailing Address

82681 OVERSEAS HWY.
PO BOX 783
ISLAMORADA FL 33036

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

LEWIS, LORRAINE
82681 OVERSEAS HWY.
ISLAMORADA FL 33036

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

3. Date Incorporated or Qualified

07/10/1989

3a. Date of Last Report

03/21/1995

4. FET Number

65-0131059

Applied For
Not Applicable

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. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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, typed or printed, name of registered agent and not applicable

(NOTE: Registered Agent cannot be temporary who cannot resign)

DATE

12. OFFICERS AND DIRECTORS

12.1	TITLE	DPST	☐ DELETE
12.2	NAME	LEWIS, LORRAINE	
12.3	STREET ADDRESS	82681 OVERSEAS HWY.	
12.4	CITY- ST- ZIP	ISLAMORADA FL	
12.5	TITLE		☐ DELETE
12.6	NAME		
12.7	STREET ADDRESS		
12.8	CITY- ST- ZIP		
12.9	TITLE		☐ DELETE
12.10	NAME		
12.11	STREET ADDRESS		
12.12	CITY- ST- ZIP		
12.13	TITLE		☐ DELETE
12.14	NAME		
12.15	STREET ADDRESS		
12.16	CITY- ST- ZIP		
12.17	TITLE		☐ DELETE
12.18	NAME		
12.19	STREET ADDRESS		
12.20	CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY- ST- ZIP	
13.5	TITLE	☐ Change ☐ Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY- ST- ZIP	
13.9	TITLE	☐ Change ☐ Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY- ST- ZIP	
13.13	TITLE	☐ Change ☐ Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY- ST- ZIP	
13.17	TITLE	☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(g), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 305-664-5065

CR2E034 (12/95)