

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 28 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # L65742 (3)
1. Corporation Name
CHARLES P. RANDALL, P.A.



| | |
|--|---|
| Principal Place of Business 5301 NO FEDERAL HWY STE 150 BOCA RATON FL 33487 US | Mailing Address 5301 NO FEDERAL HWY STE 150 BOCA RATON FL 33487-4917 US |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/11/1990 | 3a. Date of Last Report 04/23/1996 |
|--|--|

| | | | |
|---|----------------------|---|----------------------|
| 2. Principal Place of Business 21 1600 So. Dixie Hwy. Suite, Apt. #, etc. 22 SAB City & State 23 BOCA RATON Zip 24 33432 | 25 PAUM BEACH | 26. Mailing Address 26 1600 So. Dixie Hwy Suite, Apt. #, etc. 27 SAB City & State 28 BOCA RATON Zip 29 33432 | 30 PAUM BEACH |
|---|----------------------|---|----------------------|

| | | |
|---|---|--|
| 4. FEI Number 65-0199924 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
**RANDALL, CHARLES P.
5301 NO FEDERAL HWY
STE 150
BOCA RATON 33487**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1600 So. Dixie Hwy., #SAB
83
#SAB
84 City
BOCA RATON FL 85 Zip Code
33432

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|-------------------------------------|---------------------------------|
| TITLE | DP | |
| NAME | RANDALL, CHARLES P. | |
| STREET ADDRESS | 5301 NO FEDERAL HWY, STE 150 | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--------------------------------|--|-----------------------------------|
| 1.1 TITLE | | | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | 1600 So. Dixie Hwy #SAB | | |
| 1.4 CITY-ST-ZIP | BOCA RATON, FL 33432 | | |
| 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 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: **Charles P. Randall** **REQUIRED** Date: **4-15-97** Daytime Phone #: **(561) 750-5050**

CFR2E034 (9/96)