

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

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L65742** (3)

1. Corporation Name  
**CHARLES P. RANDALL, P.A.**

Principal Place of Business <b>5301 NO FEDERAL HWY STE 150 BOCA RATON FL 33487 US</b>	Mailing Address <b>5301 NO FEDERAL HWY STE 150 BOCA RATON FL 33487-4917 US</b>
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3. Date Incorporated or Qualified <b>04/11/1990</b>	3a. Date of Last Report <b>04/23/1996</b>
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4. FEI Number <b>65-0199924</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business 21 <b>1600 So. Dixie Hwy.</b> Suite, Apt. #, etc. 22 <b>SAB</b> City & State 23 <b>BOCA RATON</b> Zip 24 <b>33432</b>	2a. Mailing Address 26 <b>1600 So. Dixie Hwy</b> Suite, Apt. #, etc. 27 <b>SAB</b> City & State 28 <b>BOCA RATON</b> Zip 29 <b>33432</b> Country 30 <b>PAUM BEACH</b>
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9. Name and Address of Current Registered Agent

**RANDALL, CHARLES P.**  
**5301 NO FEDERAL HWY**  
**STE 150**  
**BOCA RATON 33487**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1600 So. Dixie Hwy., #SAB</b>
83 City	<b>BOCA RATON</b>
84 State	<b>FL</b>
85 Zip Code	<b>33432</b>

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RANDALL, CHARLES P.</b>	1.2 NAME	
STREET ADDRESS	<b>5301 NO FEDERAL HWY, STE 150</b>	1.3 STREET ADDRESS	<b>1600 So. Dixie Hwy #SAB</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **CH** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-97** **(561) 750-5050**

Date

Daytime Phone #

0330677

CR2E034 (9/96)