

**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 # L76154 (8)**

1. Corporation Name

**CRAIG THOMAS DOWNS, P.A.**



Principal Place of Business

**300 SEVILLA AVENUE  
SUITE 305  
CORAL GABLES, FL 33134**

Mailing Address

**300 SEVILLA AVENUE  
SUITE 305  
CORAL GABLES, FL 33134**

2. Principal Place of Business

21 **269 Giralda Ave**

2a. Mailing Address

26 **same**

(Suite) Apt. #, etc.

22 **300**

Suite, Apt. #, etc.

27

City & State

23 **Coral Gables**

City & State

28

Zip

24 **Florida**

Country

25 **33134**

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**DOWNS, CRAIG THOMAS  
300 SEVILLA AVENUE  
CORAL GABLES, FL 33134**

3. Date Incorporated or Qualified

**05/25/1990**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0201987**

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

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 607.1508, 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

TITLE **D** ☐ DELETE  
NAME **DOWNS, CRAIG THOMAS**  
STREET ADDRESS **300 SEVILLA AVE #305**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ DELETE  
NAME **DOWNS, CRAIG THOMAS**  
STREET ADDRESS **269 Giralda Ave. Suite 300**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☐ Addition  
1.2 NAME **DOWNS, CRAIG THOMAS**  
1.3 STREET ADDRESS **269 Giralda Ave. Suite 300**  
1.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **400001855084** ☐ Change ☐ Addition  
5.2 NAME **-06/07/96--01013--037**  
5.3 STREET ADDRESS **\*\*\*200.00**  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Date

Daytime Phone #

CR2E034 (12/95)