SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **M18034** (2)

1. Corporation Name
MARCIA T. DUNN, P.A.

Principal Place of Business	Mailing Address
11805 SW 108 CT MIAMI FL 33176 US	11805 SW 108 CT MIAMI FL 33176 US

3. Date Incorporated or Qualified: 07/15/1985
3a. Date of Last Report: 03/01/1995
4. FEI Number: 59-2545234 ☐ 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		2a. Mailing Address
21	3785 NW 82 Ave	26	3785 NW 82 Ave,
22	Suite, Apt #, etc: Suite 117	27	Suite, Apt #, etc: Suite 117
23	City & State: Miami, Fl.	28	City & State: Miami, Fl.
24	Zip: 33166	29	Zip: 33166
25	Country: USA	30	Country: USA

9. Name and Address of Current Registered Agent

DUNN, MARCIA T.
11805 SW 108 CT
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: Marcia T. Dunn
82 Street Address (P.O. Box Number is Not Acceptable): 3785 NW 82 Ave,
83 Suite 117
84 City: Miami FL 85 Zip Code: 33166

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], Pres. 7/10/96
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	STV	☐ DELETE	1.1 TITLE	STV ☒ Change ☐ Addition
NAME	DUNN, MARCIA T.		1.2 NAME	Dunn, Marcia T.
STREET ADDRESS	11805 SW 108 CT		1.3 STREET ADDRESS	3785 NW 82 Ave #117
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami Fl 33166
TITLE	PD	☐ DELETE	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	DUNN, MARCIA T.		2.2 NAME	DUNN, Marcia T.
STREET ADDRESS	11805 SW 108 CT		2.3 STREET ADDRESS	3785 NW 82 Ave. #117
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, Fl. 33166
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/10/96 (305) 592-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #