

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 4:19

DOCUMENT # **M80021 (2)**

1. Corporation Name
E. ROBERT CULLINEY, P.A.



Principal Place of Business: **2101 NORTH ANDREWS AVENUE SUITE 104 FT. LAUDERDALE FL 33311**
Mailing Address: **2101 NORTH ANDREWS AVENUE SUITE 104 FT. LAUDERDALE FL 33311**

3. Date Incorporated or Qualified: **05/10/1988**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **65-0051078**
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
21 **1881 N.E. 26th STREET**
22 **212-G**
23 **FT. LAUDERDALE FL.**
24 **33305** 25 **USA**
2a. Mailing Address
26 **1881 N.E. 26th STREET**
27 **212-G**
28 **FT. LAUDERDALE FL.**
29 **33305** 30 **USA**

9. Name and Address of Current Registered Agent

**CULLINEY, E. ROBERT
2101 NORTH ANDREWS AVENUE
SUITE 104
FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **1881 NE 26th STREET**
83 **SUITE 212-G**
84 City: **FT. LAUDERDALE** FL 85 Zip Code: **33305**

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 607.0502, Florida Statutes.

SIGNATURE: *E. Robert Culliney* DATE: **5-1-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CULLINEY, E. ROBERT	
STREET ADDRESS	2101 N. ANDREWS AVE, #104	
CITY-ST-ZIP	FT. LAUDERDALE 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

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
1.2 NAME	CULLINEY, E. ROBERT	
1.3 STREET ADDRESS	1881 N.E. 26 STREET 212-G	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33305	
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		
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		

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-05/16/96-01120-028
****225.00 ****225.00

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, on an attachment with an address.

SIGNATURE: *E. Robert Culliney* DATE: **5-1-96** 954-561-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)