

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 # **M82109** (3)

1. Corporation Name
BARBARA FLOOD, L.C.S.W., M.A. P.A.



Principal Place of Business Mailing Address
% BARBARA FLOOD
6499 POWERLINE RD. STE 209
LAUDERHILL FL 33309

3. Date Incorporated or Qualified **05/23/1988** 3a. Date of Last Report **02/24/1995**
4. FEI Number **65-0049694** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
FLOOD, BARBARA
8641 N.W. 47TH CT.
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent
81 Name **Barbara Flood**
82 Street Address (P.O. Box Number is Not Acceptable) **5764 NW 47th Ct**
83 **Coral Springs FL 33067**
84 City **Coral Springs** 85 Zip Code **FL 33067**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Barbara Flood* DATE **4/19/96**
Signature, typed or printed name of registered agent and the date if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|--------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> |
| NAME | FLOOD, BARBARA | |
| STREET ADDRESS | 8641 N.W. 47TH CT | |
| CITY - ST - ZIP | LAUDERHILL FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|-------------------------------|---------------------------------|-----------------------------------|
| 1.1 TITLE | | | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | 5764 NW 47th Court | | |
| 1.4 CITY - ST - ZIP | Coral Springs FL 33067 | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY - ST - ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY - ST - ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY - ST - ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY - ST - ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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: *Barbara Flood* DATE: **4/19/96** TELEPHONE: **9547726677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)