

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 # **M99121** (9)

1. Corporation Name
MARCHBANKS, DAIELLO & LEIDER, P.A.



Principal Place of Business: **4800 NO. FED HWY #101E BOCA RATON FL 33431**
Mailing Address: **4800 NO. FED HWY #101E BOCA RATON FL 33431**

3. Date Incorporated or Qualified 09/19/1988	3a. Date of Last Report 01/24/1995
4. FEI Number 65-0069895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent MARCHBANKS, LAWRENCE J. 4800 NO. FED HWY #101E BOCA RATON FL 33431	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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHBANKS, LAWRENCE J.	1.2 NAME	
STREET ADDRESS	4800 N FED HWY #101E	1.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	1.4 CITY, ST, ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAIELLO, THOMA D.	2.2 NAME	
STREET ADDRESS	4800 N FED HWY, #101E	2.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	2.4 CITY, ST, ZIP	
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIDER, SUZANNE M.	3.2 NAME	
STREET ADDRESS	4800 N FED HWY, #101E	3.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	3.4 CITY, ST, ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLACKEY, BARBARA J.	4.2 NAME	
STREET ADDRESS	4800 N FED HWY, #101E	4.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	4.4 CITY, ST, ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEOTO, NORMA R.	5.2 NAME	
STREET ADDRESS	4800 N FED HWY, #101E	5.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	5.4 CITY, ST, ZIP	
TITLE		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 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 supplement 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 J. Killackey, Secy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara J. Killackey, Secretary

1/26/96 407-394-6509
Date of Filing Office Phone #

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