

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 # P92000008226 (2)

1. Corporation Name

MICHAEL J. MCHALE, P.A.



Principal Place of Business

Mailing Address

~~400 AUSTRALIAN AVENUE~~  
~~SUITE 850~~  
WEST PALM BEACH FL 33401

~~400 AUSTRALIAN AVENUE~~  
~~SUITE 850~~  
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 301 CLEMATIS

26 301 CLEMATIS

4. FEI Number

65-0371661

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 200

27 SUITE 200

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 W. PALM Bch FL

28 W. PALM Bch FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 33401

25 Palm Bch

29 33401

30 Palm Bch

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCHALE, MICHAEL J

~~400 AUSTRALIAN AVENUE~~

~~SUITE 850~~

~~WEST PALM BEACH FL 33401~~

81 Name

Michael J. McHale

82 Street Address (P.O. Box Number is Not Acceptable)

301 CLEMATIS ST.

83

SUITE 200

84 City

W. PALM Bch

FL

85 Zip Code

33401

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

*Michael J. McHale, President*

(NOTE: Registered Agent signature required when reinstating)

4/26/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME MCHALE, MICHAEL J  
STREET ADDRESS ~~400 AUSTRALIAN AVENUE SUITE 850~~  
CITY - ST - ZIP ~~WEST PALM BEACH FL 33401~~

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
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TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

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

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition  
301 Clematis Suite 200  
W. Palm Beach FL 33401

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 or on an attachment with an address.

SIGNATURE:

*Michael J. McHale, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 407-655-1200

Date

Daytime Phone #

CR2E034 (12/95)