

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000009151 (1)**

1. Corporation Name
PATRICIA K. ALLEN, P.A.



Principal Place of Business: **319 CLEMATIS ST. SUITE 109 - THE COMEAU BLDG. WEST PALM BEACH FL 33401**
Mailing Address: **319 CLEMATIS ST. SUITE 109 - THE COMEAU BLDG. WEST PALM BEACH FL 33401**

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

3. Date Incorporated or Qualified: **01/01/1993** 3a. Date of Last Report: **02/27/1995**
4. FEIN Number: **65-0377132** 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

9. Name and Address of Current Registered Agent
**ALLEN, PATRICIA K ESQ
COMEAU BLDG., SUITE 109
319 CLEMATIS STREET
WEST PALM BEACH FL 33401**

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 607.07(2) and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.07(2) and 607.1503, Florida Statutes.
SIGNATURE: *Patricia K. Allen, President* DATE: *March 28, 1996*

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | DPST | <input type="checkbox"/> DELETE |
| NAME | ALLEN, PATRICIA K | |
| STREET ADDRESS | 319 CLEMATIS ST., SUITE 109 | |
| CITY-STATE-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| 21 TITLE | |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| 31 TITLE | |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| 41 TITLE | |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| 51 TITLE | |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add on |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add on |

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 this 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 attached sheet with the address.
SIGNATURE: *Patricia K. Allen* DATE: *3/28/96* (407) 655-7737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)