

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

DOCUMENT # P93000006201 (6)

1. Corporation Name

JOHN PETER MCCABE, P.A.



Principal Place of Business

Mailing Address

~~265 SUNRISE AVENUE~~
~~SUITE 204~~
~~PALM BEACH FL 33480~~

~~265 SUNRISE AVENUE~~
~~SUITE 204~~
~~PALM BEACH FL 33480~~

2. Principal Place of Business

2a. Mailing Address

21 2247 Palm Beach Lakes Blvd.

26

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

West Palm Beach, FL

24 Zip 33409

25 Country USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/21/1993

3a. Date of Last Report

07/11/1995

4. FEI Number

65-0381301

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

2247 Palm Beach Lakes Blvd.

83 Suite 238

84 City

West Palm Beach

FL

85 Zip Code

33409

11. Pursuant to the provisions of Sections 607.0502 and 607.150d, 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

Signature typed or printed name of registered agent (if applicable)

Signature typed or printed name of registered agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D MCCABE, JOHN P

STREET ADDRESS ~~265 SUNRISE AVENUE, SUITE 204~~

CITY-ST-ZIP ~~PALM BEACH FL 33480~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

27. NAME

28. STREET ADDRESS

29. CITY-ST-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. 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 or person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96 407-615-9399

CR2E034 (12/95)