

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 # P93000017550 (3)

1. Corporation Name

PATRICIA A. MATTSON, P.A.



Principal Place of Business

1985 S OCEAN DR
#21-P
HALLANDALE FL 33009

Mailing Address

1985 S OCEAN DR
#21-P
HALLANDALE FL 33009

2. Principal Place of Business

21 800 Parkview DR

State, City, & Zip 220 Oceanview Park

22 Hallandale, Fl.

23 33009 USA

24 33009 USA

2a. Mailing Address

26 Same

27 Same

28 Fl.

29

30

3. Date Incorporated or Qualified

03/03/1993

3a. Date of Last Report

07/13/1995

4. FEI Number

65-0396413

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

9. Name and Address of Current Registered Agent

MATTSON, PATRICIA A PA
OCEANVIEW PARK STE 220
800 PARKVIEW DR
HALLANDALE FL 33009

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

Signature of person or persons authorized to sign this report

Signature of Registered Agent (signature required when making change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	D	MATTSON, PATRICIA A	800 PARKVIEW DR STE 220												

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY, ST, ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY, ST, ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia A. Mattson

2/10/96

(954)

455-8366

Date

Date of Filing

CR2E034 (12/95)