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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUA	NUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS					
DOCUM 1. Corporation N	Name	00023105 (8)				
LEMIS F	R. SHAFER, P.A.	•				
Principal Place o	of Business	Mailing Address	,			. 20(1) 05/10 1/030 JUON 1/01 06/10 0(1) (03)
2300 GLADES RD W. TOWER STE. 400 BOCA RATON FL 33431 US		2300 GLADES RD W. TOWER STE. 400				
		BOCA RATON FL 33431 US			3. Date incorporated or Qualified 03/26/1993	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 65-0399095	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Oty & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	Countr	y	8. This corporation has liability for Florida Statutes Yes 10. Name and Address of New I	s 🔲 No
	9. Name and Address of Cu	irrent Registered Agent	81	Name	IU, Maine and Address of Notice	
SHAFER, LEWIS R. 82 Stree				Street Ad	ldress (P.O. Box Number is Not Accepta	ble)
2300 GL						
W. TOWI			8:	·		
	ATON FL 33431		8-			FL 85 Zip Code
	o the provisions of Sections 607, and agent, or both, in the State of h, and accept the dat gations of				poration submits this statement for the property of directors. Thereby accept the applications of directors.	urpose of changing its registered office pointment as registered agent. I am
SIGNATURE	~ , , , , , , , , , , , , , , , , , , ,		Figure 14.	port signature re-r	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
12.		S AND DIRECTORS	13.	i	ALESTICATE OF THE SECTION OF THE SEC	Change Addition
TITLE NAMÉ	D Shafer, Lewis R		1.2 NAM	İ		
STREET ADDRESS	2300 GLADES ROAD		135188	E1 ACORESS		
CITY-ST-ZIP	BOCA RATON FL 33431		14 CITY SI-ZIF			Change Addition
TITLE				1		□ come.ge □ reconor
NAME			2.2 NAM	ET ADORESS		
STREET ADDRESS				- ST - ZIF		
CITY-ST-ZIP	[] DELETE		3 1 TITLE			Change Addition
NAME			3.2 NAM	ΙE		
STREET ADDRESS			3.3 STR	EFT ADDRESS		
CHTY - ST - ZIP			3.4 CITY - ST - ZIP			☐ Change ☐ Addition
TITLE	DELETE		4. 1 TIFLE			Change Addition
NAME			4.2 NAN			
STREET ADDRESS				EET ACORESS		
CITY - ST - ZIP		☐ D£LETE	5 1 711	r · S1 · ZIP		Change Addition
TITLE	ļ.	[] Outer	5.2 NA			
NAME				EL! ADDRESS		
STREET ADDRESS	1			Y - \$1 - 21P		
CITY - ST - ZIP	[] DELETE		6 1 110			☐ Change ☐ Addition

14. If 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). Fiorida 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 his 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 chapters for the exemption stated in Section 119.07(3)(k). Fiorida Statutes, I further certify that the information indicated on this annual report or supplemental annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters for the exemption of the exemption stated in Section 119.07(3)(k). Fiorida Statutes is if further certify that the information indicated on this annual report or supplemental annual report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters for the exemption of the exemption of this exemption of the exemption

6 2 NAME

6.3 STREE! ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

NAMÉ

STREET ADDRESS

ATURE AND TYPEO OR FAINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 457-262-0800