

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 # **P930000 24399**
1. Corporation Name

Suzanne Brownless, P.A.

Principal Place of Business

Mailing Address

1311-B Paul Russell Rd. Suite 202
Tallahassee, Florida 32301

3. Date Incorporated or Qualified

3/1/93

3a. Date of Last Report

1995

2. Principal Place of Business

21 1311-B Paul Russell Rd.

2a. Mailing Address

26 1311-B Paul Russell Rd.

4. FEI Number

59-3167665

Applied For

Not Applicable

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 Tallahassee, Florida

City & State

28 Tallahassee, Florida

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 32301

Country

Zip

29 32301

Country

30

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

Suzanne Brownless
1311-B Paul Russell Rd. Suite 202
Tallahassee, Florida 32301

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President** DELETE
NAME **Suzanne Brownless**
STREET ADDRESS **1311-B Paul Russell Rd. Suite 202**
CITY-ST-ZIP **Tallahassee, FL 32301**

1.1 TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP Change Addition

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:

Suzanne Brownless
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1996

Date

(904) 877-5200

Daytime Phone #

CR2E034 (12/95)

S-B
JR