

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000028119 (4)**

1. Corporation Name

**DAVID A. MCKIBBIN, P.A.**



Principal Place of Business

Mailing Address

6225 COLLINS AVE.  
MIAMI BEACH FL 33140  
US

5225 COLLINS AVE.  
MIAMI BEACH FL 33140  
US

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>04/15/1993</b>   | 3a. Date of Last Report<br><b>06/13/1995</b>                                       |
| 4. FEI Number<br><b>65-0458685</b>   | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees   |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 <b>555 N.E. 15 ST.</b>      | 26 <b>555 NE 15 ST</b> |
| Suite, Apt #, etc              | Suite Apt #, etc       |
| 22 <b>Suite 100</b>            | 27 <b>Suite 100</b>    |
| City & State                   | City & State           |
| 23 <b>Miami, Fla.</b>          | 28 <b>Miami, Fla.</b>  |
| Zip                            | Country                |
| 24 <b>33132</b>                | 25 <b>USA</b>          |
| Zip                            | Country                |
| 29 <b>33132</b>                | 30 <b>USA</b>          |

**9. Name and Address of Current Registered Agent**

**MCKIBBIN, DAVID A  
5225 COLLINS AVE.  
MIAMI BEACH FL 33140**

**10. Name and Address of New Registered Agent**

|   |                 |
|---|-----------------|
| 81 Name   | 85 Zip Code     |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL 33132</b> |
| 83 <b>555 NE 15 ST.</b>                               |                 |
| 84 City   |                 |
| <b>Suite 100</b>                                      |                 |
| <b>Miami</b>  |                 |

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

*David A. McKibbin*

**6-24-95**

Signature typed or printed name of registered agent and the date applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                                  | DELETE                   |
|----------------------------|----------------------------------|--------------------------|
| TITLE                      | <b>D</b>                         | <input type="checkbox"/> |
| NAME                       | <b>MCKIBBIN, DAVID A</b>         |                          |
| STREET ADDRESS             | <b>19131 FISHER ISLAND DRIVE</b> |                          |
| CITY - ST - ZIP            | <b>FISHER ISLAND FL 33109</b>    |                          |
| TITLE                      |                                  | <input type="checkbox"/> |
| NAME                       |                                  |                          |
| STREET ADDRESS             |                                  |                          |
| CITY - ST - ZIP            |                                  |                          |
| TITLE                      |                                  | <input type="checkbox"/> |
| NAME                       |                                  |                          |
| STREET ADDRESS             |                                  |                          |
| CITY - ST - ZIP            |                                  |                          |
| TITLE                      |                                  | <input type="checkbox"/> |
| NAME                       |                                  |                          |
| STREET ADDRESS             |                                  |                          |
| CITY - ST - ZIP            |                                  |                          |
| TITLE                      |                                  | <input type="checkbox"/> |
| NAME                       |                                  |                          |
| STREET ADDRESS             |                                  |                          |
| CITY - ST - ZIP            |                                  |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | Change                   | Addition                 |
|---|--|--------------------------|--------------------------|
| 11 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 NAME   |  |                          |                          |
| 13 STREET ADDRESS                                     |  |                          |                          |
| 14 CITY - ST - ZIP                                    |  |                          |                          |
| 21 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 NAME   |  |                          |                          |
| 23 STREET ADDRESS                                     |  |                          |                          |
| 24 CITY - ST - ZIP                                    |  |                          |                          |
| 31 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 NAME   |  |                          |                          |
| 33 STREET ADDRESS                                     |  |                          |                          |
| 34 CITY - ST - ZIP                                    |  |                          |                          |
| 41 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 NAME   |  |                          |                          |
| 43 STREET ADDRESS                                     |  |                          |                          |
| 44 CITY - ST - ZIP                                    |  |                          |                          |
| 51 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 NAME   |  |                          |                          |
| 53 STREET ADDRESS                                     |  |                          |                          |
| 54 CITY - ST - ZIP                                    |  |                          |                          |
| 61 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*David A. McKibbin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-24-95** (305) 358-0068  
DATE DAY-MONTH-YEAR

CR2E034 (3/96)