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PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation Name CALDWELL & CALDWELL, P.A.						
Principal Place	e of Business	Mailing Address			// 00 /// 00/00	4646 81848 8 446 8 8 146 8 11 8 1 1 18 4
1515 N FEDERAL HIGHWAY SUITE 300		1299 SW 7TH STREET BOCA RATON FL 33486				
BOGA RATOR	N FL 33432	US		3. Date Incorporated or Qualified		
2. Principal Pu	lace of Business	28. Mailing Address		4. FET Number	_ \	Applied For
Suite, Apt.	1 Ju 792 Jree	7 26		52-1829975		Not Applicable
2		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State 3 DOCA	Darker But	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 77 UQ / Country / Zip			Country 30	8. This corporation has liability for	r intangible s No	
<u> </u>	9. Name and Address of Currer			10. Name and Address of New I		d Agent
			81 Name	***	Togratore	Agent
JOHN L. CALDWELL			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	V 7TH STREET				· · · · · · · · · · · · · · · · · · ·	
BUCA H	IATON FL 33486		83			
			84 City		FL	85 Zip Code
13 Martine 1.	the provisions of Sections 607 ubuz	2 and 607.1508, Florida Statu	ites, the above-named coro	poration submits this statement for the pu	rpose of ch	nanging its registered offic
familiar wit SIGNATURE	th, and accept the obligations of, Sect	tion 607.0505, Florida Statute	ized by the corporation 5 bo 9\$.	pard of directors. I hereby accept the app	ointment a	is registered agent. I am
familiar wit	th, and accept the obligations of, Sect Strailing typed or proted name of registered again	tand life if applicable (N	1290 by the corporation 5 bo 95. 1001E Angstered Agent signature requi	Dard of directors. Thereby accept the app	oointment a	
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SIGNATURE: SIGNATURE AND TYPED ON PHINTED NAME OF SIGNING OFFICER ON DIRECTOR D. CALDWELL 4/6/96 583/6/4 9686

R2E034 (12/05)