

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 26 AM 10:36

DOCUMENT # **P93000036615 (1)**

1. Corporation Name

ASSOCIATION TRANSITIONS, INC.

Principal Place of Business

9713 CAROUSEL CIR N.
BOCA RATON FL 33433

Mailing Address

9713 CAROUSEL CIR N.
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

05/19/1993

3a. Date of Last Report

08/22/1994

2. Principal Place of Business

21 346 S.E. 5th AVE.

2a. Mailing Address

26 346 S.E. 5th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DELRAY BCH FL

City & State

28 DELRAY BEACH FL

24 ZIP 33483

25 County Palm Bch

29 ZIP 33483

30 County Palm Bch

4. FEI Number

65-0415408

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

K.PATRICK WHALEN
1220 HOMEWOOD BOULEVARD
SUITE B202
DELRAY BCH FL 32301

10. Name and Address of New Registered Agent

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 607.0503, Florida Statutes.

SIGNATURE

Signature, full or partial name of registered agent and title of registration

(NOTE: Registered Agent signature required when reinstating)

DATE

K. Patrick Whalen

K. PATRICK WHALEN

5/19/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST
NAME WHALEN, PATRICK P
STREET ADDRESS 1220 HOMEWOOD BLVD UNIT B202
CITY - ST - ZIP DELRAY BCH FL 33445

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

K. Patrick Whalen
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

K. PATRICK WHALEN

(Type)

5/19/95 (407)

879-0044