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 # **P93000079156 (4)**

1. Corporation Name

LAW OFFICES OF DONALD T. RYCE, P.A.

Principal Place of Business	Mailing Address
P. O. BOX 971219 PRINCETON FL 33097-1219 US	P.O. BOX 4079 PRINCETON FL 33092

3. Date Incorporated or Qualified: **11/16/1993**

3a. Date of Last Report: **07/25/1995**

2. Principal Place of Business
21 5151 Collins Avenue
Suite, Apt. #, etc.
22 Suite 1036
City & State
23 Miami Beach Fl
Zip 24 33140 Country 25 Dade

2a. Mailing Address
26 P.O. Box 1219 same
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0451119** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

RYCE, DONALD T
23700 S.W. 162 AVE.
HOMESTEAD FL 33031

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) Suite 1036, Seacoast Towers
83 5151 Collins Avenue
84 City Miami Beach FL 85 Zip Code 33140

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] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	RYCE, DONALD T.		1.2 NAME	
STREET ADDRESS	23700 SW 162 AVENUE		1.3 STREET ADDRESS	Suite 1036, 5151 Collins Avenue
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP	Miami Beach, Fl 33140
TITLE	VPSD	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	RYCE, CLAUDINE		2.2 NAME	
STREET ADDRESS	23700 SW 62 AVENUE		2.3 STREET ADDRESS	Suite 1036, 5151 Collins Avenue
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(i), 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: Claudine Ryce April 30, 1996 1-305-245-7361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #