

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 # **P93000084940 (4)**

1. Corporation Name

JAMES B. BOONE, P.A.



Principal Place of Business

**1 FINANCIAL PLAZA
SUITE 1910
FT LAUDERDALE FL 33394
US**

Mailing Address

**1 FINANCIAL PLAZA
SUITE 1910
FT LAUDERDALE FL 33394
US**

2. Principal Place of Business

21 **2910 NW 113 Avenue**

Suite, Apt. #, etc.

22 City & State
Sunrise, FL

24 Zip
33323

Country

2a. Mailing Address

26 **P.O. Box 451335**

Suite, Apt. #, etc.

27 City & State
Sunrise, FL

29 Zip
33345-1335

Country

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0457239

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

**BOONE, JAMES B
1 FINANCIAL PLAZA
SUITE 910
FT LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent

81 Name

James B. Boone

82 Street Address (P.O. Box Number is Not Acceptable)

2910 NW 113 Avenue

83

84 City

Sunrise

FL

85 Zip Code

33323

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

James B. Boone

James B. Boone, Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **BOONE, JAMES B**
STREET ADDRESS **1 FINANCIAL PLAZA**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P/S/T** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS **P.O. Box: 451335 N/A**
1.4 CITY-ST-ZIP **Sunrise, FL 33345-1335**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **700001798637**
4.3 STREET ADDRESS **-04/29/96--01044--036**
4.4 CITY-ST-ZIP *****200.00**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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:

James B. Boone **JAMES B. BOONE, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expire Date 1-2-96

CR2E034 (12/95)