

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000005055 (6)**

1. Corporation Name

THEODORE R. SCHOFNER, P.A., ATTORNEY AT LAW



Principal Place of Business

Mailing Address

2117 INDIAN ROCKS ROAD
LARGO FL 34644

2117 INDIAN ROCKS ROAD
LARGO FL 34644

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/12/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3217572

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

10. Name and Address of New Registered Agent

SCHOFNER, THEODORE R ESQ.
2117 INDIAN ROCKS ROAD
LARGO FL 34644

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, date of signature

(81) - Registered Agent signature required when not stated

DATE

12. OFFICERS AND DIRECTORS

TITLE: DELETE
NAME: D SCHOFNER, THEODORE R ESQ.
STREET ADDRESS: 2117 INDIAN ROCKS ROAD
CITY - ST - ZIP: LARGO FL 34644

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. TITLE: Change Add on

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. TITLE: Change Addition

21 NAME

22 STREET ADDRESS

23 CITY - ST - ZIP

3. TITLE: Change Addition

31 NAME

32 STREET ADDRESS

33 CITY - ST - ZIP

4. TITLE: Change Addition

41 NAME

42 STREET ADDRESS

43 CITY - ST - ZIP

5. TITLE: Change Addition

51 NAME

52 STREET ADDRESS

53 CITY - ST - ZIP

6. TITLE: Change Addition

61 NAME

62 STREET ADDRESS

63 CITY - ST - ZIP

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)(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: *Theodore R. Schofner* PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96

(813) 588-0270

CR2E034 (12/95)