

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 # P94000029202 (6)

1. Corporation Name
NANCY B. MCALLISTER, P.A.



Principal Place of Business: 1900 GLADES RD. #305 BOCA RATON FL 33431
Mailing Address: 1900 GLADES RD. #305 BOCA RATON FL 33431

3. Date Incorporated or Qualified: 04/18/1994
3a. Date of Last Report: 01/24/1995
4. FEI Number: 65-0483138
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

2. Principal Place of Business: 21 2101 Corporate Blvd. Suite, Apt. #, etc.: 22 Suite 101 City & State: 23 Boca Raton, FL Zip: 24 33431 Country: 25 USA
2a. Mailing Address: 26 2101 Corporate Blvd. Suite, Apt. #, etc.: 27 Suite 101 City & State: 28 Boca Raton, FL Zip: 29 33431 Country: 30 USA

9. Name and Address of Current Registered Agent
MCALLISTER, NANCY B. E.
1900 GLADES RD.
SUITE 305
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name: Nancy B. McAllister
82 Street Address (P.O. Box Number is Not Acceptable): 2101 Corporate Blvd.
83 Suite 101
84 City: Boca Raton FL 85 Zip Code: 33431

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE: *Nancy B. McAllister* DATE: 2/4/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	MCALLISTER, NANCY B	<input checked="" type="checkbox"/> DELETE
NAME	1900 GLADES RD., #305	
STREET ADDRESS	BOCA RATON FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PISD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McAllister, Nancy B.	
1.3 STREET ADDRESS	2101 Corporate Blvd -- Suite 101	
1.4 CITY-ST-ZIP	Boca Raton, FL 33431	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nancy B. McAllister* DATE: 2/4/96 (407) 997-9599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)