

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000040952 (1)

1. Corporation Name  
COLLEEN M. CRANDALL ESQ., P.A.



Principal Place of Business

~~433 PLAZA REAL  
SUITE 275  
BOCA RATON FL 33432~~

Mailing Address

~~433 PLAZA REAL  
SUITE 275  
BOCA RATON FL 33432-3999~~

3. Date Incorporated or Qualified

06/01/1994

3a. Date of Last Report

06/13/1996

4. FEI Number

65-0499442

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 7000 W PALMETTO  
Suite, Apt. #, etc.

22 PARK Rd # 409

23 BOCA RATON FL

24 33433

25 USA

2a. Mailing Address

26 7000 W PALMETTO  
Suite, Apt. #, etc.

27 PARK Rd # 409

28 Boca Raton, FL

29 33433

30 USA

9. Name and Address of Current Registered Agent

CRANDALL, COLLEEN M  
433 PLAZA REAL #275  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

Colleen M. Crandall

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

7000 West Palmetto Park Rd

83

Suite 409

84 City

BOCA RATON

FL

85 Zip Code

33433

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME CRANDALL, COLLEEN M  
STREET ADDRESS 433 PLAZA REAL STE. 275  
CITY-ST-ZIP BOCA RATON FL 33432

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME CRANDALL, COLLEEN M  
1.3 STREET ADDRESS 7000 West Palmetto Park Rd  
1.4 CITY-ST-ZIP # 409

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME BOCA RATON, FL  
2.3 STREET ADDRESS 33433

☐ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)