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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 30 1997 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

tangible tax under s. 199.032,

This corporation has liability for

Not Applicable

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000044349 (6)

Country

DIANA S. DAWSON, P.A.

24

Principal Place of Business Mailing Address **B41 PARK DRIVE E** 841 PARK DR E **BOCA RATON FL 33432-5125 BOCA RATON FL 33432** 3. Date Incorporated or Qualified 3a. Date of Last Report 06/06/1994 03/20/1996 2. Principal Place of Business Mailing Address 4. FEI Number 65-0495825 21 26 Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution

Zip

X Yes ☐ No 30 Florida Statutes 25 29 Name and Address of Current Registered Agent Name and Address of New Registered Agent DIANA S DAWSON 841 PARK DR E Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** 83 City Zip Code 84 85

Country

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					
		: Registered Agent signature			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D ELETE	1.1 TITLE	D	Change	Addition
NAME	DAWSON, DIANA S	1.2 NAME	DIANA S. DAWSON		
STREET ADDRESS	1000 E CAMINO REAL #2B	1.3 STREET ADDRESS	841 PARK DRIVE E		
CITY - ST - ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	BOCA RATON, FL 33432		
TITLE	☐ DELETE	2.1 TITLE		Change	Addition
NAME:		22 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY - ST - ZIP		2.4 CITY-ST-ZIP			
THILE	DELETE	3.1 TITLE		Change	Addition
NAME		3.2 NAME			
STHEET ADDRESS		3.3 STREET ADDRESS			
CITY - S1 - 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-21P			
THFLE	☐ DELETE	5.1 TITLE		Change	Addition
NAME		5.2 NAME			
STHEET ADDRESS		5.3 STREET ADDRESS			
CITY - ST - ZIF		54 CITY-ST-ZIP			
TITLE	DELETE	61 TITLE		Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY - \$1 - ZIP		6.4 City~\$1~ZiP			

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