

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000046543 (2)

1. Corporation Name

COLVIN CONSULTING & MANAGEMENT CORPORATION



Principal Place of Business

Mailing Address

4683 N.W. 22ND ST.
COCONUT CREEK FL 33063

4683 N.W. 22ND ST.
COCONUT CREEK FL 33063

3. Date Incorporated or Qualified

06/21/1994

3a. Date of Last Report

06/30/1995

2. Principal Place of Business

2a. Mailing Address

21 2701 E. SUNRISE BLVD

26 2701 E. SUNRISE BLVD

4. FEI Number

65-0517337

Applied For

Not Applicable

22 Suite, Apt. #, etc.

212

27 Suite, Apt. #, etc.

212

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23 City & State

FT. LAUDERDALE, FL

28 City & State

FT. LAUDERDALE, FL

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

24 Zip

33304

25 Country

BROWARD

29 Zip

33304

30 Country

BROWARD

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PALEY, DAVID R	
STREET ADDRESS	4683 N.W. 22ND ST.	
CITY - ST - ZIP	COCONUT CREEK FL 33063	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLVIN-KINAST, DORITA J	
STREET ADDRESS	4683 N.W. 22ND ST.	
CITY - ST - ZIP	COCONUT CREEK FL 33063	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address

SIGNATURE: Dorita J. Colvin Kinast
DORITA J. COLVIN-KINAST

6/10/96 (954) 563-2550
Date Date-time Phone #

CR2E034 (3/96)