

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 # P94000047910 (2)

1. Corporation Name

LAW OFFICES OF DEAN C. KOWALCHYK, P.A.



Principal Place of Business

Mailing Address

P.O. BOX 10807  
TALLAHASSEE FL 32302

P.O. BOX 10807  
TALLAHASSEE FL 32302

3. Date Incorporated or Qualified 06/27/1994	3a. Date of Last Report 07/25/1995
4. FEI Number 59-3251113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOWALCHYK, DEAN C ESQ.  
411 N CALHOUN ST  
TALLAHASSEE FL 32301

81 Name SAME	85 Zip Code 32301
82 Street Address (P.O. Box Number is Not Acceptable) 1331 E. LAFALETTE ST	
83 SUITE F	
84 City TALL	FL

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 board of directors

(If 01 - Required Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D	DELETE
NAME KOWALCHYK, DEAN C	
STREET ADDRESS 820 E. PARK AVENUE, #E-100	
CITY - ST - ZIP TALLAHASSEE FL 32301	
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	

11 TITLE SAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
12 NAME	
13 STREET ADDRESS 1331 E. LAFALETTE ST, SUITE F	
14 CITY - ST - ZIP TALL, FL 32301	
21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96 (904) 224-1987

05/8/96

CR2E034 (3/96)