

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT
1995



DEPARTMENT OF STATE
J. W. B. MURPHY
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 MAR -1 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050192 (1)

1. Corporation Name
ELIZABETH L. TRACY, M.A., P.A.

Principal Place of Business Mailing Address
444 GOLDEN BEACH BLVD. VENICE FL 34285

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/01/1994** 3a. Date of Last Report
4. FEI Number **65-0502703** 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 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. County 25. County 29. Country 30. Country

9. Name and Address of Current Registered Agent
**TRACY, ELIZABETH L.
444 GOLDEN BEACH BLVD.
VENICE FL 34285**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

NAME	D	TRACY, ELIZABETH L.
STREET ADDRESS		444 GOLDEN BEACH BLVD.
CITY - ST - ZIP		VENICE FL 34285
NAME	D	TRACY, DENNIS J
STREET ADDRESS		444 GOLDEN BEACH BLVD.
CITY - ST - ZIP		VENICE FL 34285
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I know the contents of 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. I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 12 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth L. Tracy* 2/17/95 813-484-6247
ELIZABETH L. TRACY
Signature AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR