

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000061073 (0)**

1. Corporation Name
LAQUIDARA & EDWARDS, P.A.



Principal Place of Business: 1629 RIVERPLACE BLVD. 1301 GULF LIFE DR. JACKSONVILLE FL 32207
Mailing Address: 1629 RIVERPLACE BLVD. 1301 GULF LIFE DR. JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: **08/09/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3252937**
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 **1301 Riverplace Blvd.**
Suite, Apt. #, etc.: 22 **Suite 1629**
City & State: 23 **Jacksonville FL**
Zip: 24 **32207** Country: 25 **USA**
2a. Mailing Address: 26 **1301 Riverplace Blvd.**
Suite, Apt. #, etc.: 27 **Suite 1629**
City & State: 28 **Jacksonville FL**
Zip: 29 **32207** Country: 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAQUIDARA, CINDY
1629 RIVERPLACE TOWER, ~~suite 1629~~
1301 GULF LIFE DR.
JACKSONVILLE FL 32207

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **1301 Riverplace Blvd**
83 **Suite 1629**
84 City
85 Zip Code: **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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

Signature of the president, officer, or director of the corporation

Signature of the Registered Agent or alternate Registered Agent

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAQUIDARA, CINDY	
STREET ADDRESS	1629 RIVERPLACE TOWER, 1301 RIVERPLACE BLV	
CITY-STATE-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDWARDS, DAVID	
STREET ADDRESS	1629 RIVERPLACE TOWER, 1301 RIVERPLACE BLV	
CITY-STATE-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-STATE-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-STATE-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-STATE-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-STATE-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-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 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

2/21/96

904-383-7979
DIXIE PRESS

CR2E034 (12/95)