

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**DOCUMENT # P94000061192 (8)**

1. Corporation Name

**RICHMAN, DEIFIK, LANIER AND ROSS, P.A.**



Principal Place of Business

**2640 GOLDEN GATE PARKWAY  
SUITE 206  
NAPLES FL 33942**

Mailing Address

**2640 GOLDEN GATE PARKWAY  
SUITE 206  
NAPLES FL 33942**

3. Date Incorporated or Qualified  
**08/16/1994**

3a. Date of Last Report  
**02/07/1995**

2. Principal Place of Business  
21

2a. Mailing Address  
26

4. FEI Number  
**65-0511629**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State  
23

City & State  
28

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip  
24

Country  
25

Zip  
29

Country  
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**LANIER, SUZANNE D  
2640 GOLDEN GATE PARKWAY  
SUITE 206  
NAPLES FL 33942**

**10. Name and Address of New Registered Agent**

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, if different from name

Name of Registered Agent Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHMAN, JR., KENNETH W P.A.</b>		
STREET ADDRESS	<b>423 SHARWOOD DRIVE</b>		
CITY - ST - ZIP	<b>NAPLES FL</b>		
TITLE	DS	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANIER, SUZANNE D</b>		
STREET ADDRESS	<b>351 WIMBLEDON LANE</b>		
CITY - ST - ZIP	<b>NAPLES FL</b>		
TITLE	DT	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEIFIK, CELIA ELLEN</b>		
STREET ADDRESS	<b>9138 WINTERVIEW DRIVE</b>		
CITY - ST - ZIP	<b>NAPLES FL</b>		
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

1. TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24/96 941 431 770  
DATE DAY MONTH YEAR

CR2E034 (12/95)