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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 16 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400064020 (8)

ANDREW ALAN PONNOCK, P.A.

Principal Place of Business Mailing Address 2097 NW 102ND TER 2097 NW 102ND TER CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-5857 3a. Date of Last Report 3. Date Incorporated or Qualified 08/30/1994 06/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0519804 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Bo 6. Election Campaign Financing Added to Fees Trust Fund Contribution Zip Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 Florida Statutes 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PONNOCK, ANDREW A 2097 NW 102ND TER 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** В3 84 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE PONNOCK, ANDREW A NAME 1.2 NAME 2097 NW 102ND TERR STREET ADDRESS 1.8 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition 2.1 TITLE TITLE NAME 2 P NAME STREET ADDRESS 2.8 STREET ADDRESS City-St-ZiF 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THUE NAME 3.P NAME STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELFTE Change Addition TITLE 4.1 HTLE NAME 4.12 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5. TITLE NAME 5.2 NAME STREET ADDRESS 5.B STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition 6.4 TILLE TITLE NAME 6.P NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental small report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the decempent 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 planned or in application with an address.

6.B STREET ADDRESS

6 A CHY-ST-ZIP