

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000079596 (0)**

1. Corporation Name  
**STANLEY J. LAW ASSOCIATES, INC.**



Principal Place of Business  
**4100 S.W. EGRET POND TERRACE  
PALM CITY FL 34990**

Mailing Address  
**4100 S.W. EGRET POND TERRACE  
PALM CITY FL 34990**

2. Principal Place of Business

2a. Mailing Address

21 Sub. Apt. #, etc.

26 Sub. Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LAW STANLEY, J  
4100 S.W. EGRET POND TERRACE  
PALM CITY FL 34990**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified  
**10/28/1994**

3a. Date of Last Report  
**05/01/1995**

4. FID Number  
**65-0528853**

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. 193.032, Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.04(2) and 617.15(4), 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 617.06(2), Florida Statutes.

SIGNATURE

12. SIGNATURE OF OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	[ ] DELETE
NAME	LAW, STANLEY J	
STREET ADDRESS	4100 S.W. EGRET POND TERRACE	
CITY-STATE-ZIP	PALM CITY FL	
TITLE	VP	[ ] DELETE
NAME	LAW, JEAN E	
STREET ADDRESS	3301 HORIZON DRIVE	
CITY-STATE-ZIP	LANCASTER PA	
TITLE	S	[ ] DELETE
NAME	SHIMKO, LORA J	
STREET ADDRESS	5869 CHESHIRE RD	
CITY-STATE-ZIP	GALENA OH	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.1 TITLE	[ ] Change [ ] Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	[ ] Change [ ] Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	[ ] Change [ ] Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	[ ] Change [ ] Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	[ ] Change [ ] Addition
13.17 TITLE	
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included in 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 manager 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 of this report, in an attached list, if applicable.

SIGNATURE: *Stanley J. Law*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

CR2E084 (12/95)