FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000080651 (0)**

1. Corporation Name

JAMES J. DEKLEVA, P.A.

Principal Place of Business
1220 DOUGLAS AVENUE
SUITE 105B
LONGWOOD FL 32779

Mailing Address
1220 DOUGLAS AVENUE
SUITE 105B
LONGWOOD FL 32779

3. Date Incorporated or Qualified: 11/01/1994
3a. Date of Last Report: 06/08/1995

2. Principal Place of Business
21 705 DOUGLAS AVE.
Suite, Apt #, etc. 22 SUITE 104
City & State 23 ALTAMONTE SPRINGS
Zip 24 32714 Country 25 SEMINOLE

2a. Mailing Address
26 705 Douglas Ave.
Suite, Apt #, etc. 27 SUITE 104
City & State 28 ALTAMONTE SPRINGS
Zip 29 32714 Country 30 SEMINOLE

4. FEI Number: NOT APPLICABLE ☐ 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

9. Name and Address of Current Registered Agent

DEKLEVA, JAMES J
1220 DOUGLAS AVENUE
SUITE 105B
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: JAMES J. DEKLEVA
82 Street Address (P.O. Box Number is Not Acceptable): 705 DOUGLAS AVE.
83 SUITE 104
84 City: ALTAMONTE SPRINGS, FL 85 Zip Code: 32714

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] DATE 2/13/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DEKLEVA, JAMES J	1.2 NAME	
STREET ADDRESS	1220 DOUGLAS AVENUE, SUITE 105B	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: [signature] 2-13-96 (407) 869 0442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)