

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000087881 (6)

1. Corporation Name

PARIS & ASSOCIATES, PROFESSIONAL ASSOCIATION



Principal Place of Business

Mailing Address

~~120 HYDE PARK PLACE~~ ~~SUITE 100~~ ~~TAMPA FL 33606~~
500 E. Kennedy Blvd.
Suite 221
TAMPA, FL 33602

~~120 HYDE PARK PLACE~~ ~~SUITE 100~~ ~~TAMPA FL 33606~~
500 E. Kennedy Blvd.
Suite 221
TAMPA, FL 33602

3. Date Incorporated or Qualified
12/05/1994

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

2. Principal Place of Business

2a. Mailing Address

21 500 E. Kennedy Blvd.

26 500 E. Kennedy Blvd.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

29 Zip

25 Hills.

30 Hills.

4. FLL Number
65-0540192

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

10. Name and Address of New Registered Agent

PARIS, DEBORAH M.
~~120 HYDE PARK PLACE~~ ~~SUITE 100~~ ~~TAMPA FL 33606~~
500 E. Kennedy Blvd.
Suite 221
TAMPA, FL 33602

81 Name

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

83 500 E. Kennedy Blvd. Suite 221

84 City

TAMPA

FL

85 Zip Code

33602

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 applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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