# 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 # P94000090935 (5)

1. Corporation Name

**SHAW AND CHAPLIN, P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 249 ROYAL PALM WAY<br>SUITE 503<br>PALM BEACH FL 33480 | 249 ROYAL PALM WAY<br>SUITE 503<br>PALM BEACH FL 33480 |

3. Date Incorporated or Qualified: **12/15/1994**

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

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **65-0542180** ☐ 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**

**ZARETSKY, ESTHER A**
**1655 PALM BEACH LAKES BLVD.**
**SUITE 900**
**WEST PALM BEACH FL 33401**

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

81 Name: DORIS SHERWOOD SHAW

82 Street Address (P.O. Box Number is Not Acceptable): 249 ROYAL PALM WAY

83: SUITE 503

84 City: PALM BEACH **FL** 85 Zip Code: 33480

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: Doris Sherwood Shaw — DATE: 4/29/96

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | DPS | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SHAW, DORIS S | | 1.2 NAME | |
| STREET ADDRESS | 249 ROYAL PALM WAY, STE. 503 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | | 1.4 CITY-ST-ZIP | |
| TITLE | DVT | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | CHAPLIN, RAYMOND H | | 2.2 NAME | |
| STREET ADDRESS | 249 ROYAL PALM WAY, STE. 503 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | | 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 report is voluntarily furnished and 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 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:** Doris Sherwood Shaw — 4/29/96 — 407 822-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
Doris Sherwood Shaw

CR2E034 (12/95)