

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 # P95000000119 (4)

1. Corporation Name

FELDMAN URBAN ASSOCIATES, P.A.



Principal Place of Business

1511 SW 1ST AVE
OCALA FL 34472

Mailing Address

1511 SW 1ST AVE
OCALA FL 34472

3. Date Incorporated or Qualified

01/01/1995

3a. Date of Last Report

2. Principal Place of Business

21 1511 SW 1st Avenue

Suite, Apt. #, etc.

22 City & State

23 Ocala, Florida

24 Zip

34474

25 Country

25 Marion

2a. Mailing Address

26 PO Drawer 3130

Suite, Apt. #, etc.

27 City & State

28 Ocala, Florida

29 Zip

34478

30 Country

30 Marion

4. FEI Number

59-3284887

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

FONTES, DAVID A
201 N FRANKLIN ST SUITE 2600
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D URBAN, PAUL L DELETE
NAME
STREET ADDRESS 1511 SW 1ST AVE
CITY-ST-ZIP Ocala FL 34472

TITLE D FELDMAN, ROBERT L DELETE
NAME
STREET ADDRESS 1511 SW 1ST AVE
CITY-ST-ZIP Ocala FL 34472

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D URBAN, PAUL L Change Addition
1.2 NAME
1.3 STREET ADDRESS 1511 SW 1st Avenue
1.4 CITY-ST-ZIP Ocala, FL 34474

2.1 TITLE D FELDMAN, ROBERT L Change Addition
2.2 NAME
2.3 STREET ADDRESS 1511 SW 1st Avenue
2.4 CITY-ST-ZIP Ocala, FL 34474

3.1 TITLE V HILDNER, FRANK J Change Addition
3.2 NAME
3.3 STREET ADDRESS 1511 SW 1st Avenue
3.4 CITY-ST-ZIP Ocala, FL 34474

4.1 TITLE V WARGOVICH, THOMAS J Change Addition
4.2 NAME
4.3 STREET ADDRESS 1511 SW 1st Avenue
4.4 CITY-ST-ZIP Ocala, FL 34474

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Paul Urban

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/96

Date

(352) 867-8311

Daytime Phone

CR2E034 (12/95)