

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 # **P95000005256 (9)**

1. Corporation Name

JOSE F. TORROELLA, P.A.



Principal Place of Business

Mailing Address

425 W. COLONIAL DR., SUITE 106
ORLANDO FL 32804

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ORLANDO FL 32804

3. Date Incorporated or Qualified
01/13/1995

3a. Date of Last Report

2. Principal Place of Business
21 **425 W. Colonial Dr.**

2a. Mailing Address
26 **425 W. Colonial Dr.**

4. FEI Number
59-3289424

Applied For
Not Applicable

22 **Suite # 104**
City & State

27 **Suite # 104**
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **Orlando, Florida**

28 **Orlando Florida**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **32804** Country **U.S.A.**

29 **32804** Country **U.S.A.**

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

TORROELLA, JOSE F
425 W. COLONIAL DR., SUITE 106
ORLANDO FL 32804

81 Name **JOSE F. TORROELLA**

82 Street Address (P.O. Box Number is Not Acceptable)
425 W. Colonial Dr.

83 **Suite # 104**

84 City **Orlando, FL** 85 Zip Code **32804**

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 the signatory) (Block 12)

(Block 13) Registered Agent signature required when constituting

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. 1. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORROELLA, JOSE F	12. NAME	TORROELLA, JOSE F.
STREET ADDRESS	425 W. COLONIAL DR., SUITE 106	13. STREET ADDRESS	425 W. Colonial Dr., Suite # 104
CITY-ST-ZIP	ORLANDO FL 32804	14. CITY-ST-ZIP	Orlando, FL 32804
TITLE	<input type="checkbox"/> DELETE	2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. 2. NAME	
STREET ADDRESS		2. 3. STREET ADDRESS	
CITY-ST-ZIP		2. 4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2. NAME	
STREET ADDRESS		3. 3. STREET ADDRESS	
CITY-ST-ZIP		3. 4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2. NAME	
STREET ADDRESS		4. 3. STREET ADDRESS	
CITY-ST-ZIP		4. 4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2. NAME	
STREET ADDRESS		5. 3. STREET ADDRESS	
CITY-ST-ZIP		5. 4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 shown 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE F. TORROELLA

1-25-96 (407) 426-9338

Date

Daytime Phone #

CR2E034 (12/95)