

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000011989 (7)

1. Corporation Name  
**ROBERT FLAHERTY, P.A.**



Principal Place of Business: ~~730 8TH LANE~~ PALM BEACH GARDENS FL 33418  
Mailing Address: ~~730 8TH LANE~~ 7TH LANE PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified: 02/07/1995  
3a. Date of Last Report

2. Principal Place of Business: 21 730 7TH LANE, Suite, Apt. #, etc. 22  
23 City & State: PALM BEACH GARDENS FL  
24 Zip: 33418, 25 Country: US  
26 Mailing Address: 26 SAME, Suite, Apt. #, etc. 27  
28 City & State: PALM BEACH GARDENS FL  
29 Zip: 33418, 30 Country: US

4. FEI Number: 65-0557830, 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: FLAHERTY, ROBERT, ~~730 8TH LANE~~ 730 7TH LANE, PALM BEACH GARDENS FL 33418  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83 730 7TH LANE, 84 City, 85 Zip Code: FL

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: [Date]

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE  | 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FLAHERTY, ROBERT                 | 2. NAME   |   |
| STREET ADDRESS             | <del>730 8TH LANE</del> 7TH LANE | 3. STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | PALM BEACH GARDENS FL 33418      | 4. CITY - ST - ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add on   |
| 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 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 unchanged, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 5/13/96, (407) 975-0599

CR2E034 (12/95)