

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 # P95000015208 (8)

1. Corporation Name

FISHER, LAURENCE, DEEN & FROMANG, P.A.



Principal Place of Business

225 S WESTMONTE DR
SUITE 2040
ALTAMONTE SPRINGS FL 32714

Mailing Address

225 S WESTMONTE DR
SUITE 2040
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

02/23/1995

3a. Date of Last Report

2. Principal Place of Business

21 101 Wymore Rd

Suite, Apt. #, etc.

22 Suite 337

City & State

23 Altamonte Springs, FL

Zip

24 32714

2a. Mailing Address

26 101 Wymore Rd

Suite, Apt. #, etc.

27 Suite 337

City & State

28 Altamonte Springs, FL

Zip

29 32714

30

4. FEI Number

59-3296367

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

LAURENCE, STEVEN L
225 S WESTMONTE DR
SUITE 2040
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

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

101 Wymore Road

83 Suite 337

84 City

Altamonte Springs FL

85 Zip Code

32714

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

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

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
D
LAURENCE, STEVEN L
STREET ADDRESS
631 FOX HUNT CIR
CITY - ST - ZIP
LONGWOOD FL

☐ DELETE

TITLE
NAME
D
FISHER, BOB
STREET ADDRESS
708 TEMPLE WAY
CITY - ST - ZIP
WINTER SPRINGS FL

☐ DELETE

TITLE
NAME
D
FROMANG, MARK
STREET ADDRESS
711 LONDON RD
CITY - ST - ZIP
WINTER PARK FL

☐ DELETE

TITLE
NAME
D
DEAN, JEFF
STREET ADDRESS
501-209 GOLF TEE LN
CITY - ST - ZIP
LONGWOOD FL 32709

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)