

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 # **P95000018632 (6)**

1. Corporation Name
LIZABETH F. CALVO, P.A.



Principal Place of Business: **150 OCEAN IANE DR., #2G KEY BISCAYNE FL 33149**
Mailing Address: **150 OCEAN IANE DR., #2G KEY BISCAYNE FL 33149**

3. Date Incorporated or Qualified: **03/01/1995**
3a. Date of Last Report

2. Principal Place of Business
21. ~~104 Cranston Blvd.~~
22. Suite ~~202~~ **202**
23. **Key Biscayne, FL**
24. Zip **33149**
25. Country

4. FEI Number: **65-0567439**
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
**CALVO, LIZABETH F
150 OCEAN IANE DR., #2G
KEY BISCAYNE FL 33149**

10. Name and Address of New Registered Agent
81. Name: **Lizabeth F. Calvo.**
82. Street Address (P.O. Box Number is Not Acceptable): ~~104 Cranston Blvd.~~ **325 Cranston Blvd.**
83. ~~Suite 202~~ **Suite 202**
84. City: **Key Biscayne, FL**
85. Zip Code: **33149**

11. Pursuant to the provisions of Sections 607.0537 and 607.1502, Florida Statutes, the above named corporation submits the 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CALVO, LIZABETH F	
STREET ADDRESS	150 OCEAN IANE DR., #2G	
CITY - ST - ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	325 Cranston Blvd.
13 STREET ADDRESS	104 Cranston Blvd. Suite 202
14 CITY - ST - ZIP	Key Biscayne, FL, 33149
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	200001876832
53 STREET ADDRESS	-06/26/96--01116--022
54 CITY - ST - ZIP	***233.75
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 my address.

SIGNATURE: **2196** **-305-365-0902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)