

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 # **P95000019899 (0)**

1. Corporation Name
BARRY T. SHEVLIN, P.A.



Principal Place of Business: **1111 KANE CONCOURSE SUITE 605 BAY HARBOR ISLANDS FL 33154**
Mailing Address: **1111 KANE CONCOURSE SUITE 605 BAY HARBOR ISLANDS FL 33154**

3. Date Incorporated or Qualified: **03/13/1995**
3a. Date of Last Report
4. FEI Number: **65-0562019**
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent
**SHEVLIN, BARRY T
1111 KANE CONCOURSE
SUITE 605
BAY HARBOR ISLAND FL 33154**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: **PSD**
NAME: **SHEVLIN, BARRY T**
STREET ADDRESS: **1111 KANE CONCOURSE, SUITE 605**
CITY-ST-ZIP: **BAY HARBOR ISLAND FL 33154**
[Delete buttons for each entry]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1-12 NAME, STREET ADDRESS, CITY-ST-ZIP
13-14 CITY-ST-ZIP
15-16 NAME, STREET ADDRESS, CITY-ST-ZIP
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97-98 NAME, STREET ADDRESS, CITY-ST-ZIP
99-100 NAME, STREET ADDRESS, 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 supplementary 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 empaneled 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 (305) 868-0304
SC 4-29-96

CR2E034 (12/95)