

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000021704 (8)

1. Corporation Name
DONALD A. STINE, P.A.



Principal Place of Business Mailing Address
**7023 N.W. 39TH STREET
CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified **03/13/1995** 3a. Date of Last Report **N/A - INITIAL**
Filing Number **650561601** 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. 190.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

g. Name and Address of Current Registered Agent

**STINE, DONALD A
7023 N.W. 39TH ST.
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 registered agent or other authorized officer of corporation Date Registered Agent signature required (if any)

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **D STONE, DONALD A**
STREET ADDRESS **7023 N.W. 39TH ST.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
2. NAME **STINE, DONALD A.**
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. 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 in possession to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (change), or on an attached form, with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/96 (954) 761/1011
Date Registered Agent Signature Required (if any) Date of Filing

CR2E034 (12/95)