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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

SIGNATURE:

P95000023238 (5)

RANDI S. TOMPKINS, P.A.

Principal Place of Business Mailing Address 19646 OAKBROOK OIR 10010 GAKBROOK CIR **BOCA PATON FL 33434** BOCA RATON FL 32424 3. Date Incorporated or Qualified 3a. Date of Last Report 03/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 2255 Glades 26 21556 ade Not Applicable \$8.75 Additional 5. Certificate of Status Desired 300 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s 199.032, 9. Name and Address of Current Registered Agent 29 Florida Statutes Yes □ No 10. Name and Address of New Registered Agent 81 Name TOMPKINS, BURTON A 82 Street Address (P.O. Box Number is Not Acceptable) 19646 OAKBROOK CIR 83 **BOCA RATON FL 33434** 84 City Zip Code 85 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. (NOTE: Registered Agent signature required when reinstating) Signature itypes or printed name of registered agent and tricin applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T. LEF **PSTD** DELETÉ 1.17004 Change Addition NAM TOMPKINS, RANDI S 1.2 NAME 19646 OAKBROOK CIR SUBJECT ADORESS 1.3 STREET ADDRESS **BOCA RATON FL 33434** Cify-S1-ZiF 1.4 CITY - ST - ZIP TITLE [] DELETE 2 1 TITLE ☐ Change Addition NAME 2.2 NAME STHELL ADDRESS 2.3 STREET ADDRESS CPM-ST ZIP 2 4 CITY - ST - 7IP DELFTE 3 1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C-TY-S1-7P 34 CITY - ST - ZIP THE DELETE 4 1 TITLE ☐ Change Addition N4M² 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City - \$1 - 7iP 4 4 CITY-ST-ZIP DELETE THEF 5 1 THILE Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS City - St - ZiP 5 4 Cily-S1-2iP HI;F DELETE 6 1 TITLE ☐ Change Add:tion NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS $C(\Gamma^* \nabla \cdot S) = Z(\Gamma)$ 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 an address.

(12/95

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